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ABSTRACT

The second year of the Community Family Day Care Project, begun in August 1970, to test the belief that group day care is the best way to provide care for children of working parents is discussed. The tasks for the second year were to demonstrate the feasibility of improving quality, stability, continuity, and flexibility in an existing network of Family Day Care (FDC) homes in the Pasadena area. The five parts of the report and their chapters are: Part I--1. The First Year, a Brief Review; 2. The Second Year's Objectives and People; 3. Filling the Gaps, Day Care for Infants and School Children; 4. Beyond the Call of Duty, the Special Services Given by Family Day Care Mothers (FDCMs); 5. What Makes FDC Homes Good Places to Learn; Part II--6. The Licensing Game, How to Win Without Actually Cheating; 7. Cost Issues, Catch 22; 8. Special Needs Children, a Problem for Everyone; Part III--9. Intervention Strategy, Several Approaches; 10. An Organization Is Born; 11. Community Involvement, a Two-Way Street; 12. Field Demonstration Assistants, the Students' Role; 13. Field Service Representative, the "Fix-It Man"; 14. Center Meetings, We Change Our Role; 15. Field Faculty, FDCMs Help Each Other; 16. Certificate Course, Success with some Reservations; 17. The Referral Service, a Problem in Matchmaking; 18. Other Support Services; Part IV--19. The Project as Change Agent, Measuring the Effect of Group Discussion; and Part V--Conclusions and Recommendations. Eight appendixes and a bibliography conclude the report. (DB)

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# SEE THE PEOPLE

A DESCRIPTIVE REPORT OF THE SECOND YEAR OF THE

COMMUNITY FAMILY DAY CARE PROJECT

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Office of Child Development
United States Department of Health, Education and Welfare

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*It would be lovely if these words of appreciation could be put in the form of a toast (with glass in hand). It would signify the end of a funding year, and with it the birth of the descriptive narrative of all the pleasure, joy, pain, and sometimes difficult but usually rewarding work of the family day care mothers, the students, and the staff in our Project. The toasts would be many and the spirits might make us heady...but what the heck!*

*To all the FDCMs for their infinite wisdom and for their patience in sharing their "Mother Wit" with us;*

*To all the students whose youth, resiliency, and hope helped us maintain our flexibility, humor and critical self-analysis;*

*To Maxine Davis who warmly and patiently worked with parents who needed child care and with students and staff who needed understanding;*

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*To Pam Hasegawa for the outstanding pictorial collage on the title page which portrays the open door of family day care;*

*To Bob LaCrosse for supporting us in our work and encouraging us to do our thing.*

*Salud and Shalom,*

*June Solnit Sale, Director*
*Community Family Day Care Project*

*September 28, 1972*

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PROLOGUE

## WHAT IS QUALITY FAMILY DAY CARE?*

### Relationships Within the Day Care Family

Quality family day care is the open arms, heart and mind of a mother substitute who cares for the young child whose parents are gone part of the day on a regular basis. It is loving and being loved in a family situation beyond his own; it is having his siblings with him as he would in his own home. It is exploring and molding new relationships with "day brothers and sisters," with relatives and friends of the day care mother, and with children in her neighborhood.

It is having a real "home away from home" where he may be himself, may feel special to other members of a family, and may find out who he really is through interaction with a steady, consistent, small group of other young children who are loved by the same day care mother.

It is being the way he feels when he feels it: shy, loving, frustrated, victorious, angry, cuddly, independent, curious, cooperative, confused, pensive, loud, giggly, artistic...human. It is having the freedom to explore the environment on his own time: a swing to dangle a leg on, a tunnel to wiggle through, a hole to dig, sand to sift, water to blow bubbles in, a box of toys, a shelf full of books, a foamy bathtub, animal songs on the record player. It is, most importantly, the laboratory where the child's introduction to life is continued in the context of a warm and loving family, where he learns to care for, love and feel responsibility for others as well as himself.

Quality family day care is the home where a school-age child feels comfortable after the school day is over. It is the place where he can express his joy or frustration with the events of the day and know that the heart, as well as the ear, of his day care mother is hearing what he has to say. It is where he has the security of a warm reception from his after-school family, and where he is safe and happy until his parents call for him.

### Relationship Between the Natural and Family Day Care Parents

Quality family day care offers parents the freedom to stay as long as necessary - as much as an hour a day - to chat with the day care mother and relax before taking their children home. It is the children seeing this cooperation and friendship between their parents and the day care mother, and learning from it who shares the responsibility for their growth. It is the place where parents may leave their children for emergency twenty-four hour care, should the need arise, and where they know that their children will be secure even when an unexpected situation keeps them separated for longer than usual.

It is a relationship of confidence between individual parents and the day

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* This is the semi-final draft of a definition being developed by the family day care mothers' organization WATCH. It was written primarily by Pam Hasegawa one of the mothers, based on a series of four Center discussions among the Project mothers.

care mother, where each is respected and treated uniquely, and where problems may be shared and understood. The day care mother, her children, and their families become, in a real sense, an extended family. Because of the day-long ongoing interaction between day care mother and children, and the close relationship possible between real and substitute parents, parents are able to learn in depth how their children behave when they are away from them. The day mother is responsible for communicating not only the child's behavior, but his spoken and unspoken concerns, so that both mothers can do everything possible to help the child understand himself and mature.

The family day care mother is a flexible person; she respects the individuality of the parents with whom she deals; and should a conflict arise, she considers their values above hers in the handling of their child.

Because of the immeasurable worth of the lives entrusted from one parent to another woman's care, there is reciprocal trust and admiration between the real and substitute mothers; and mutual confidence and encouragement is openly expressed between them.

## The Child's Uniqueness in the Family Day Care Setting

Family day care is a wide choice of mother-substitutes, homes, and lifestyles, which makes it possible for the natural parent to find a family day care environment compatible with her idea of how her young child should be cared for and which values should shape his upbringing.

The basic premise of the family day care mother is that the child's first years are so important that they should be formed, above all, with love. A corrolary to this is the belief, lived out in practice, that each is his own self and his uniqueness will be respected and encouraged.

In a warm family setting, the emotional maturity of each child is given the greatest opportunity for development. The child who needs more love and attention can get it, and not feel lost in the crowd. Because feelings may be expressed openly and immediately, each child learns to accept and deal with his own emotions and those of his day family members. Caring and sensitivity are enhanced when anger, joy, frustration, moodiness can be dealt with personally at the time of need.

The family day care mother avoids labeling children; rather she expresses positive expectations and praises the child for both quiet and glorious triumphs. The mood is catching; the other children rejoice, too, in a day brother's or sister's accomplishment.

The family day care mother is sensitive to her children's cues, which are answered soon after they are expressed. As a result, there is a lasting closeness between family day care mother and child because their lives have been deeply and intimately entwined.

The family day care mother is flexible to the hours of working parents, some of which are far from the typical nine to five. Some children come at 6:15 a.m. and finish their night's sleep before breakfast; others are taken home at ten or eleven p.m. to finish their night's sleep. The day care family schedule is flexible and may be continually adjusted so that the needs of each child, as well as the family day care mother herself, are considered. Give and take are keys to keeping a reasonable balance. A nap, for example, can be taken where

the child is happiest, at the time when he needs it, providing this does not infringe on the rights of others in the family.

The child has the continual freedom to start and finish projects or activities at a pace comfortable both to him and other family members. He does not live by the clock. Of great importance is the fact that each child has the choice of shaping his time alone and his time with others - a freedom inherent to family membership.

Likes and dislikes in the matters of food, activities and clothes are considered and respected. Decision making can begin very young with such a simple choice as whether to wear the red checked shirt or the blue striped one. At mealtime, a child may have seconds - or thirds. If he is reluctant to try something new, he may help in its preparation and be so proud of his assistance that he cannot resist sampling a bit!

In case of illness, a child in family day care is in familiar surroundings where he may relax and accept direction (i.e., taking medicine, staying in bed) from someone he already trusts. Family day care mothers often meet medical and dental appointments with children. Should there be a special dietary need because of allergy or illness, the day care mother easily provides for it.

It is a place where a boy without a father may relate to a father-substitute from time to time, or perhaps to a nearby grandfather. It is the place where an only child has brothers and sisters with whom to learn the struggle of life before he faces it in a kindergarten class of thirty of his peers. It is the place where, through role-playing, he learns and reflects the identities of various members of the family. As one three-year-old child said after the arrival of a new baby at his daytime home, "If I take my teeth out, I will be a baby."

## Learning in the Family Day Care Setting

What may be learned in a home situation? Appropriate behavior both in and away from the family, such as at friends' homes, in the library, at the market, or on a trip to the zoo; confidence in himself as a person, little though he is, who can relate to an ever-wider range of people as he grows up; safety in life situations, such as walking along the sidewalk next to a traffic-filled street, crossing an intersection, riding in the car, pedaling wheel toys down the block, or swimming in someone's pool; respect for the privileges, rights and belongings of others, as well as for their special needs: a cast for a broken arm, orthopedic shoes, eye-glasses; responsibility around the home: discarding banana peels in the wastebasket, dressing himself, helping a younger child button his shirt, setting the table, sponging up spilled juice, picking up toys at the day's end.

The freedom to work on personal, creative activities over a long period of time has been mentioned. There are other advantages to the home setting when it comes to creative learning: materials are available when the light goes on in the child's mind; projects may stimulate different abilities and interests in children of different ages; creative materials may be used in innovative ways, not just in "book" ways. At nine-thirty on a steaming summer day in the back yard, finger paint may become body paint to be washed off in the wading pool before lunch.

The entire home is an environment for learning. In the kitchen, a child learns how to dismantle and reassemble a metal coffee pot, or how to stack the multitude

of pots and pans found on the bottom shelf. In the bathroom, he learns to wash his hands as soon as he can climb onto a stool and turn the faucet on without scalding himself; here he also learns that the toilet is the appropriate place to use when he is old enough physically and emotionally to give up diapers. In the living room he learns that magazines have a home on the coffee table when they are not being read.

Relationships in the home have already been discussed, but there is one aspect which relates directly to learning that should be mentioned here: A child will often bring a truck, doll, wheel toy or book from home; another child will often assume that anything which crosses the threshold of the day care home is common property; here is a clear opportunity for learning one of life's difficult lessons. The possessor's right to his toy must be recognized by the others, and as they allow him the freedom to clutch his "super-duper, screamin demon, classy chartreuse" automobile, eventually he may feel the freedom to share that marvelous possession with his compatriots.

The wise day care mother refrains from intervening in children's disputes unless someone's safety is threatened, because she has learned that conclusions to such struggles are far more swift and successful when they come through the antagonists themselves than when they are imposed by an adult.

## The Family Day Care Mother Herself

The family day care mother realizes her limitations in the number of children she is able to care for, and she has a choice of whether or not to accept a child into her family. Her time, emotional makeup, abilities, and the number of children she already has all play a part in this, as well as her right to decide whether a given child will fit in with the family she has at the moment.

She realizes her worth, believes in what she is doing, and does it well; she knows that the intangible results of her care and love are happy, capable, creative and, above all, loving children.

*From our experience with...family day care mothers in Pasadena, California, we have found...that family day care is an existing system which can and does provide excellent child development services for many children and their families....*

*But...we have a further desire--that there will be some appreciation of the child development services offered by the existing network of family day care. Most often these programs are labeled "custodial" or "babysitting," and in so doing there is little attention paid to the natural and relevant learning environment provided by an aware family day care mother in a home setting.*

*Prescott is now finishing a comparative study of family day care, group center, and nursery school-home settings and her preliminary results indicate high frequencies of cognitive and language input by family day care mothers in their unsophisticated programming. In observations of group day care settings, those found most appealing are the centers which try to replicate the warm climate that may be found in a home....The flexibility, informality, and lack of a fixed curriculum is part of what makes the environment relevant and useful. This is not to say that family day care is all of an excellent quality as it now functions. On the contrary, it needs much support, change and improvement. But while ways that it may be supported and improved need to be considered, the unique quality of the family and home setting must be preserved.*

*Let us not prescribe academic formulas and methods of teaching number concepts for a family day care mother who shows children how an apple may be sectioned into halves, quarters and eighths.*

*Let us not prescribe an academic formula for language development for a family day care mother who will answer questions about the picture of a deceased grandparent above the fireplace, about the dog who has just had six puppies, or about why a ring remains in the bathtub after a bath.*

*Let us not prescribe psycho-social or cognitive input of a stereotyped nature that will deny the richness of the real world in which we live.*

*In short, let us not prescribe play-dough where real dough is available.*

*--June Solnit Sale, MSW*
*Director, CFDC Project*
*At the 49th Annual Meeting of the*
*American Orthopsychiatric Assn.*

CHAPTER 1

# THE FIRST YEAR--A BRIEF REVIEW*

The Community Family Day Care Project** was initiated in August 1970 by Pacific Oaks College in order to test the growing belief that group day care is the best way to provide care for children of working parents. Prescott and Jones (1967 and 1970) and Milich (1969) had completed definitive studies of group day care, alerting those concerned with the lives of young children to the limits, restrictions, and possible dangers of the large day care center. It was our task to examine an alternative form of out-of-home care for children and to assess its potential in delivering developmental services.

## Potential Benefits

We hypothesized that the small, personal, neighborhood program provided by FDCMs might provide a setting that would meet the needs of many children and their families for a wide variety of reasons.

FDC provides for children of a wide age range from four weeks old to school-age children. A family with children of varying ages may find their child care needs met under one roof, in one setting, and the wide age-range of children in FDC provides a rich learning experience.

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* For a complete description of the first year of the CFDC Project see Sale, 1971.

** Throughout this report, we refer to the Project as the CFDC Project. Family day care is shortened to FDC and family day care mother to FDCM.

FDC has the potential for horizontal diffusion. The FDCM may be a neighbor and often has a life-style and values similar to those of the parents. The FDC home thus has the unique opportunity to provide a developmental program for the children which assures continuity in learning experience from one setting to another. It is also quite possible for parents to enrich their own home by replicating the child-rearing practices and developmental environment which they find in the FDC. This is not usually the case in center-type programs which are viewed as "school" and therefore not duplicable by parents in their own homes.

The opportunity for a child to feel himself more personally responsible and responded to in an intimate setting is more likely to be found in FDC, where a motherly woman is caring for relatively few children without the pressure for aloofness which the "teacher" role implies.

FDC is more easily responsive to the convenience of day care users than group programs can ordinarily be. Schedules can be flexible and more easily tailored to work schedules of parents. A neighborhood location eliminates difficult transportation arrangements and the FDCM can ease the working parents' fear of work absenteeism when their children are ill. Upper-respiratory ailments, common among young children, are usually acceptable in FDC homes but not in centers. Illness may go undetected in larger programs, but mothers are more likely to report the illness to FDCMs so that measures such as rest and quiet may be insured.

Finally--and no small consideration it is for many day care users--the cost of FDC is usually less than that of group center care.

## Getting Started

The first problem facing anyone who wants to study FDC is how to discover the network of FDC services. Our search was particularly difficult because residents of the multi-racial and economic area in which we established our Project center are suspicious of anyone who comes asking questions, having been endlessly

surveyed with no tangible results. This is doubly true in the Barrio where language barriers make the isolation more acute.

We could have started with the list of licensed FDCMs provided by the Department of Public Social Services, but we knew that a large number of day care mothers were not licensed, and we wanted them in our study, too. Using the "gatekeeper" technique (Lewin, 1947A, p. 145), we identified local people who would likely be trusted by residents of the area in which we were to work. We introduced ourselves to the "gatekeepers" (in many cases merely re-establishing long-time relationships made through the good offices of Pacific Oaks), who in turn helped us identify, or introduced us to, the women providing child care in their homes. We also used some of the techniques described by the founders of the Portland Day Care Neighbor Service (Collins and Watson, 1969; Emlen, 1970) as well as door-to-door screening and publicity. In all, we talked to 69 women providing some form of child care in our immediate area.

For the first year, contracts were made with 22 FDCMs thus identified to act as consultants to our program. The contract specified that the day care mothers would demonstrate their methods and techniques of child care to Pacific Oaks students and would attend monthly Project Center Meetings with the staff.

The FDCMs represented a broad variation in age, ethnic background, and socio-economic status. Seven of the 22 women were in their thirties and had 19 children of their own, 16 years and younger, living at home. Five were in their forties and five in their fifties. More than 77% were of the working or lower class. Twelve were black, five were white, and five were of Latin heritage or Mexican-American (four spoke only Spanish, and one was bilingual). Twelve were licensed and 10 were unlicensed.

Our Program

The program we set up with the 22 FDCMs sought answers to two prime questions: What is the nature of existing family day care programs? and how would our Project

be able to enrich these programs, while at the same time protecting the integrity and unique quality of each? We assumed that we must provide tangible, immediate, and credible service in order to establish and maintain trust. The services were based on enrichment of the lives of the FDCMs and their programs for children, as well as the environments. Major facets of our programs were these:

The Center Meetings. The Project staff met each week with five or six consultant FDCMs, so that each mother was included once a month. The women were paid a token $10 for each meeting they attended. The meetings were structured to help us learn and assess the ways that FDC functioned from the point of view of the FDCMs. We carefully avoided a position of being "experts" in the field of child care in a home situation since, in fact, the FDCMs were the "authorities" and we were the learners.

The Center Meetings were free floating and generally covered areas of concern, as well as some of the solutions to problems which were part of FDC. The taped discussions covered such subjects as how to encourage independence in children, methods of discipline, how to work with aggressive children, feeding and nutrition, weaning, toilet training, sex identification, how to work with parents, different value systems of parents and FDCMs, emergency day care, fees charged, collection of fees, advantages of licensing, morals, and morale. The meetings provided a place for FDCMs to discuss problems of mutual concern, as well as a social respite away from children, thus serving the dual purpose of meeting the FDCMs' needs for socializing and problem-solving and the staff's need for information.

Field Demonstration Assistants. Seven students (five women and two men) from Pacific Oaks College enrolled in a practicum and seminar, an integral part of the Project. Each field demonstration assistant related to the same three or four FDCMs for the duration of the Project. A student went to each of his FDC homes once a month for four hours on Monday and Wednesday of the same week. On Monday

morning the FDCM demonstrated her methods of working with the children in her care. On Wednesday morning the student cared for the children in the home while the FDCM attended a Center Meeting. The field demonstration assistants kept logs of their work, which proved rich sources of information on how FDC works. We found that students are vital to this type of project but require a good deal of supervision and tender, loving attention to the many unresolved problems this kind of program may aggravate within them. The staff must be aware of the fine line required to maintain a balance between the experiences of students and FDCMs so that neither loses in perspective, values, or integrity.

Toy Loan. A toy loan of equipment and toys ordered primarily by the FDCMs was established. This assisted the women by permitting them to test and try, for a month at a time, materials that they could not afford to purchase unless they were convinced of the products' worth. The FDCMs reported that the toys were useful in providing new experiences for the children and served to stimulate the mothers into thinking about new ideas and concepts concerning the role of play for young children.

Cooperative Nursery School. The Project purchased six two-day scholarships in the Mothers Club Cooperative Nursery School* for children from the day care homes who might benefit from a peer-group relationship in a school setting. The FDCM had to work one day a month in the Cooperative in order to qualify for the arrangement. The Mothers Club provided care for her other children while the FDCM worked at the Cooperative.

Community Resources. The Project staff developed a resource manual cataloguing the many resources for the FDCMs, the children, and their families. In addition, we acted as catalysts in helping the women to make contact with appropriate agencies in the community that could offer help when needed.

Monthly Bulletin. A monthly bulletin focusing on local needs and issues was

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* Supported by the Council of Churches Pasadena Area and Department of Adult Education of Pasadena City College.

edited and translated into Spanish by FDCMs.

Child Development Class. A class entitled "How Children Learn and Grow" was requested by the FDCMs. This course was a pilot for a certificate program which is presently being offered by the extension division of Pacific Oaks College for FDCMs and others who care for children.

Placement Service. In gathering information about the informal and formal day care networks in the immediate area, our field staff and students found a number of vacancies for children in group centers as well as in FDC homes. The Center staff soon found itself acting as a referral service for parents seeking child care placements. We also found ourselves helping women who wanted to become FDCMs in areas where there seemed to be no services available. We thus have helped to increase the alternatives for parents seeking child care arrangements.

## Services and Fees

Services offered and fees charged in FDC demonstrated its flexibility. Most of the FDCMs had developed a sliding-scale based on what the family could afford and the number and ages of the children involved. The weekly fees ranged from $7 to $22.50 per week per child. We believe that these low rates resulted from the fact that 19 of the 22 FDCMs had husbands living at home and none was the sole support of her household; three received supplementary income from pensions or other family support. (Indeed, one of the requirements for licensing in Los Angeles County is that the family have sufficient income to meet its basic needs.) Having an interested male in the household added much to the enrichment of the children. After all, it really is nice to have "Grandpa" come home from work on the night shift and invite Tom to make a snack with him or to have "Uncle John" invite Janie to watch while the flat tire is changed.

Comparing the fees to proprietary day care centers, FDC charges were usually less and the services greater. Most private centers charge a minimum $22.50 per week in Pasadena. Even where a sliding scale, based on the family's earnings,

is used in public centers, the fee charged is still prohibitive for the working poor.

The majority of private and public day care centers in the area were open from 7 a.m. to 6 p.m. Some of the women in the Project provided care for children as early as 5:30 a.m. and as late as midnight to 1 a.m.; one child was cared for from 1 to 11:30 p.m. on a regular basis. Picture a child arriving at a day care center at 5:30 a.m. (also picture the staff). In FDC, the early-arriving child is generally brought in his pajamas and is put back to sleep and allowed to awaken when he is ready for breakfast with the family. If he is picked up late, he is put to bed after an evening meal and story time and later transported in his pajamas to complete his rest in his own bed at home.

Other services found in FDC relate to the well-being of the children and their families. For example, FDCMs reported that they took children to the doctor, dentist, and barber. All of the women took great pride in the food that they prepared for the children (and the field demonstration assistants attested to the justification of the pride). Special diets were prepared when requests were made and one woman described the semi-kosher meals she arranged, not by demand but out of respect for the family. All of the FDCMs assumed responsibility for toilet training and weaning, and some would wash and iron clothes for children in their care. The majority of women took the approach described by the American Academy of Pediatrics' "Standards for Day Care Centers" (1971, p.1) in dealing with illness of children. These FDCMs believed that if the children were exposed to an illness as a "family" member, they should not be rejected from the family...rather, that a regimen of quiet, semi-isolated care, with the giving of prescribed medicine, rest, and diet, was the best policy to follow.

Children Served

Most of the children placed in our FDC homes were in the one-to-three-year age range. Since there was no group center care for children under the age of

two and one half, this is a logical outcome. The 143 children involved ranged from six weeks to 11 years of age. Over 24% were two years and younger; 53% were three to five years old; over 22% were elementary-school age.

Almost 48% were from working-class families; 28% from homes of professional parents; 17% from lower class or welfare homes, and over 6% from the middle class. More than half of the children in the study were black and less than 5% were of Mexican or Latin extraction. At least half of the FDC homes had children of various racial backgrounds; all of the homes had children representing a variety of socio-economic classes. This democratic mix was of great interest, since 72% of the children lived within a one or two mile radius of their FDC homes.

## Conclusions

With due consideration for all the strengths and weaknesses we observed in FDC as it exists, and for the successes and failures of the various Project programs, we approached the end of the first year with the following ideas:

-- The developmental process with which we were concerned had moved far enough along the continuum from meeting concrete individual FDCM needs toward striving for more abstract ideas and concepts of quality care for children so that a self-help organization could emerge. Such an organization, we hoped, would become a vehicle for 1) raising the level of expectancy for quality through peer action and/or accreditation and 2) making the existing, hidden network visible and more public.

-- We--the staff--should move from our position of accepting all information with equal approval to providing input that indicates where we stand on critical issues such as discipline. We knew that in many cases the quality of care provided by FDCMs was astonishingly high, given the constraints under which they frequently operate, but we felt a responsibility to provide new ideas, resource people, and things that would help to improve what exists without damaging the unique qualities of each FDC home.

-- We became keenly aware of special-needs children (illness, psycho-social and physical handicaps, unusual parental working hours, infants and toddlers, and others) and the way in which FDCMs respond to the call for help raised by parents of these children. It was obvious that community resources for special-needs families are minimal and that over half of the

> FDCMs care for children in need of special care. We knew that we had to act as catalysts in helping to develop the needed support.

In short, we wanted to support the remarkable services and qualities offered by FDCMs; we wanted to help improve quality insofar as it involved the women themselves. Therefore, we looked forward to the second year of our Project with exhilaration and expectancy.

CHAPTER 2

# THE SECOND YEAR'S OBJECTIVES AND PEOPLE

Our tasks for the second year of the Project were defined by the staff and FDCMs. We wanted to demonstrate the feasibility of improving quality, stability, continuity, and flexibility in an existing network of FDC homes in the Pasadena area, including those of our first year's work but adding others if possible. We hoped to improve quality through the establishment of certificate and/or credit courses through Pacific Oaks' Extension; student practicum placements in FDC homes; on-site visits, discussions, and course offerings by staff, resource people, and a new Field Faculty of FDCMs; home improvements by maintenance personnel; and the Toy Loan. Stability and continuity would be encouraged by the use of a No-Interest Loan Fund, referral services, and back-up help provided by an organization of FDCMs and by helping to raise the self-esteem of FDCMs as they became more aware of the important services they offer.

## The Developmental Process

We recognized that to encourage and support in FDCMs the quality of generativity--that stage of growth in which the teaching and learning function expresses itself through a caring commitment to others' needs, particularly those of the next generation--the Project itself would have to be generative. This posture required 1) a role definition and performance which abandoned the traditional concept of the professional as recipe-dispenser and 2) an overview of the Project

as a developmental process requiring time, patience, and conflict to achieve results.

We did not see conflict as a negative factor: on the contrary, we saw it as a potentially valuable mechanism for contributing toward growth and change. Argyris (1964) has hypothesized that "incongruence between an individual and an organization can provide the basis for continued challenge, which as it is fulfilled will tend to help man enhance his own growth and develop organizations that will tend to be viable and effective."

Like FDCMs, we had an over-all plan with ultimate goals, but no schedules, no curricula, no models to follow. This necessitated a great deal of ad hoc problem-solving, some of which was spectacularly successful, some dismal failure: As often happens in the family home, plans cannot be counted on; when it rains, the picnic must be called off, or at least moved elsewhere. Although we maintained our long-range goals, we learned to adapt to the unforseeable crises caused by illness, mechanical failures, breakdowns in communication. We became experts at "winging it"; we were willing to admit our failures, to say, "I'll try it; if it doesn't work, I'll abandon it and try another tack."

Argyris (1964) alluded to the kind of organizational structure the Project represents using a variety of terms, including participative group (Likert), problem-solving (Bennis), open-system (Barnes), and human relations (Litwak). He describes it as an organization in which:

1) *decision-making takes place throughout the organization;*

2) *emphasis is on mutual dependence and cooperation based on trust, confidence, and high professional competence;*

3) *there is constant pressure to enlarge tasks and interrelate them so that concern for the whole is emphasized;*

4) *decentralization of responsibility for and use of information, rewards, penalties, and membership occurs;*

5) *participants at all levels are responsible for developing and maintaining loyalty and commitment at as high a level as possible;*

*6) emphasis on status is through contribution to the whole--an interindividual cooperation.*

*Such an organization assumes that people are capable of being responsible, committed, productive, and desire a world in which the rationality of feelings and interpersonal relationships is valued as cognitive rationality. (Argyris, 1964, p. 185)*

In September 1971 we resumed Project operation with 17 of the 21 mothers who had been active in June of that year (involvement of FDCMs was suspended over the summer months). Of the FDCMs who did not stay in the Project, one had dropped out because of illness, one returned to Mexico, one went to work outside her home, and one moved out of the area and subsequently went into other work. In the spring of 1972, we had added 10 new Project members and lost two; one went into other work and one became pregnant and stopped caring for children. Hence, for the second year, we compiled statistics on 25 FDCMs. Some of the new Project members were friends of "old" ones; some heard about us by word of mouth; some walked in off the street to inquire about what we were doing. From information gathered in home-visit interviews with each of the mothers, we established evidence of both the stability and diversity of FDC.

Among the questions we asked Project members were:

-- What is your age?

-- How many years of formal schooling have you had?

-- How many children of your own do you have? What are the ages of those still at home? How many grandchildren do you have?

-- Do you have a spouse at home? What is his occupation?

-- What are the socio-economic characteristics of the families whose children you care for?

-- What are the ages and ethnicity of your FDC children? Are they regular or part-time?

In addition, we asked new Project members for the information we had requested of FDCMs last year: fees charged, hours children were care for, services provided, arrangements with parents, why they were in FDC and so forth.

We knew from statistics gathered in the first year of the Project that the families of FDCMs showed a high degree of stability. In the first year, 19 of the 22 families were intact; the second year 20 out of 25 homes had a husband present.

Few surveys of FDC carry actual statistics on characteristics of FDC givers. Those that do (Keyserling, 1972) picture them as relatively uneducated by formal standards. The assumption is that formal schooling, particularly possession of a certificate indicating completion of standard child care courses, is an important requisite for quality care. On the other hand, a number of recent studies report that formal training is not necessarily a relevant indicator of either potential or actual competency. In a report on the selection of participants in a child care program, Codori and Cowles (1971) note that such programs can be undertaken successfully without the usual emphasis on standard academic predictors: "Informal measures of interest and socially agreeable personality traits assessed by interview appeared more promising." In our Project, we found eagerness to learn more valuable than formal training in helping a FDCM provide quality care.

Nevertheless, statistics indicated that the level of educational attainment of Project participants was higher than the folklore surrounding FDC might suggest:

LEVEL OF EDUCATIONAL ATTAINMENT OF FDCMs

| | |
|---|---|
| Less than eighth grade | 1 |
| Eighth through 11th grade | 6 |
| Completed high school | 11 |
| One to three years college | 5 |
| B.A. or higher | 2 |
| Total | 25 |

According to these figures, 44% of the FDCMs in the Project had a high school diploma, compared with 25% in the Keyserling sample; 20% (compared with Keyserling's 8%) had one to three years of college; nearly 1% had a college degree. From our experience in working with the Project's FDCMs, we would have guessed that their educational level was higher; we found them articulate and sophisticated in their knowledge of the many areas related to child care. This might

be due largely to the experience they have gained in the Project.

We asked new Project members--as we had last year--why they became FDCMs and why they stayed in FDC. One, a college graduate who recently became a FDCM, commented:

> *I had a nice house and thought it would be neat to share it. I had wanted to be an emergency foster parent; then I got a call from a mutual friend for child care, and I got my license for FDC. I had been an only child and wanted companionship for my child.*

Still another, who has been an FDCM for 12 years, told us:

> *I read a book about the international family and thought it would be neat. I think it's good for the kids--we had lived in a community where there was so much prejudice. I wanted my children to have the experience of knowing people of different racial backgrounds. I stay in FDC because I like children. I always wanted 12.*

These two FDCMs are typical of our new recruits in that they are in the 30-39 age bracket and have either graduated from or attended college. They share with other new, as well as former Project members, the feeling that they would rather be home with their own and other children than working outside the home at an eight-hour-a-day job.

Of the 129 children in Project homes, 62 (48%) were black, 44 (34%) were white and the remaining 23 (18%) were Mexican-American, Oriental, or of mixed parentage.

NUMBER OF INTEGRATED HOMES IN PROJECT

| | |
|---|---|
| Integrated | 14 |
| All black | 6 |
| All white | 3 |
| Mexican-American and/or Mexican-American and white | 2 |
| Total | 25 |

We found that 56% of the Project homes were integrated at the time of our survey.* This figure does not include homes that were integrated in the past or would be willing to accept children of different races. Of the 44% not integrated,

* In her survey, Keyserling (1972) reported a figure of 12% for racially integrated homes, with 60% all white and 28% all black.

more than half were all black. In addition, 28% of the integrated homes had children of mixed parentage, i.e. black and white, or black and Mexican-American.

The Natural Parents

The characteristic diversity of FDC is also indicated by a comparison of the socio-economic status of users. We found all levels of society, as well as race and nationality, to be represented by the occupations of natural parents of children in CFDC Project homes. Of 104 families using the FDCMs' services, 71 (68%) were intact and 33 (32%) were one-parent. We asked FDCMs to classify their users according to socio-economic status:

SOCIO-ECONOMIC STATUS OF USERS*

| Occupational Level | Number of Families |
|---|---|
| Lower class | 11 |
| Working class | 54 |
| Middle class | 9 |
| Professional | 25 |
| Students | 4 |
| Don't know | 1 |
| Total | 104 |

Fifty-two percent of all users were working class, while 24% were professionals. Middle and lower-class families each represented approximately 10% of the total. The data suggests that FDC is used predominately by parents who cannot afford private or non-profit centers but who are not eligible for public children's centers. However, the number of professionals who use FDC is interesting. We can only speculate on the reason. Could it be that these families are more apt to see FDC as a viable alternative to center care?

FDCMs noted in addition that in 12 (10%) of the families, mother or father were students (some listed users by socio-economic status and student status; others listed them simply as students). Because of its flexibility, FDC appears to be particularly well-suited to the unusual schedules of students, substitute teachers, split-shift workers and others.

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* Classified by father's occupation, if a two-parent family.

Our data revealed FDC as a microcosm of American society in which children of widely diverse ethnic, economic, and social backgrounds are brought together frequently in the same day care "family."

The listing of occupations represents a broad spectrum:

| | |
|---|---|
| doctor | telephone operator |
| nurse | bookkeeper |
| teacher | bank teller |
| student | file clerk |
| musician | key-punch operator |
| chemist | motorcycle shop owner |
| college professor | school bus driver (female) |
| occupational therapist | truck driver |
| hairdresser (male) | laborer |

Children in FDC

At the time of our survey in June 1972, there were 129 FDC children in the 25 CFDC Project homes, an average of 5.1 per home. Fifty (nearly 40%) of these children had brothers and/or sisters in Project homes with them; there were 19 pairs of siblings and four groups of three children from one family. Besides the FDC children, FDCMs cared for their own children and grandchildren, of which there were 45 altogether. At the time of our survey, therefore, there were 174 children in the 25 Project homes. Twenty-nine of the FDC children, however, were in part-time care.

CHILDREN IN PROJECT HOMES

| | |
|---|---|
| FDC children | 129 |
| FDCMs with own children at home | 16 |
| FDCMs with grandchildren | 4 |
| Own children and grandchildren | 45 |
| Siblings | 50 |
| Sets of two siblings | 19 |
| Sets of three siblings | 4 |
| In part-time care | 29* |

We also found that nearly one-half (48% of the FDC children were infants and toddlers. Children of pre-school age made up 30% of the population and school-age children accounted for 21%:

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* We would estimate that this figure is low; at other times of the year when students were in school, the number of children in part-time care was higher.

AGES OF FDC CHILDREN

| | | | |
|---|---|---|---|
| Infants | (0 - 1 ) | | 23 |
| Toddlers | (1 - 2½) | | 39 |
| Pre-school | (2½ - 5) | | 39 |
| School age | (5 - 12) | | 28 |
| | | Total | 129 |

Staff and People in the Project

Besides the FDCMs, Project participants included five regular staff members, including a director, two half-time directors, a research analyst, a secretary, and a number of consultants and resource people whose role was to share the knowledge they had gained as professionals in their many fields.

All the staff members were professionals with varied educational backgrounds, including degrees in art, sociology, early childhood education, social work, and economics. All had children of their own and had been teachers on pre-school, elementary, and college levels; two had had experience with Head Start. The versatility of the staff in terms of styles, ethnic backgound and approaches to day care helped to extend the Project's vistas. We dreamed of programs that should be attempted within the Project, then put them on the drawing board, and eventually brought some to fruition. An ongoing daily evaluation was possible with this type of staff. Being able to examine each situation from a variety of points of-view helped to eliminate that which was dysfunctional and to support and expand that which was potentially valuable.

## CHAPTER 3

# FILLING THE GAPS--

# DAY CARE FOR INFANTS AND SCHOOL CHILDREN

We found FDC doing a good job for two groups which day care has largely neglected--school-age children and infants. The critical need for infant care is now being universally recognized. In this country, the first three infant centers were opened as recently as 1965; writers point out that "infant day care is the hottest day care potato" (Jones, 1972, p. 1). Keyserling (1972) among others, has drawn attention to the failure of most facilities to provide this very real need and found FDC homes, in her opinion, best for young children in the 0-3 group.

Some of the most valuable and positive comments on needs in the area of infant care have been contributed by Dr. Ann DeHuff Peters, whose empirical research in the field indicates the importance of a low adult/child ratio in a family setting; and Dr. Christopher Heinicke, who notes the critical importance of a close, continuing, stable relationship with one care-giver, in an emotionally as well as physically nurturing environment.* Because FDC at the present time provides nearly all of the day care of infants, we will examine this area in detail.

There is a marked absence of information among professions about what constitutes a good infant-care setting, although nearly everyone suspects that large institutional settings could be very bad. The assumption, however, that FDC homes

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* Both Peters and Heinicke presented their facts and views at the Family Day Care West Conference in February 1972, sponsored by Pacific Oaks College (Sale, 1972).

are best for very young children because "most of these children just need love and physical care" (Keyserling, 1972, p. 156) is mistaken in respect to both children's needs and what FDC can offer. Research on infant learning (Provence, 1967; Provence and Lipton, 1962) and on maternal stimulation and environmental effects (Gordon, 1968; Ainsworth, Bell and Stayton, 1972; Yarrow and Goodwin, in press; Frantz, 1967; et cetera) points to the critical role environmental stimuli play at a very early stage in healthy growth and development.

> *The possible impact of poorly conceived Day-Care Centers on the intellectual, emotional, and psychological development is of such proportion, in the negative sense, that an examination of some of the factors included becomes imperative.... In my view, the greatest potential danger concerns those infants ranging in age from a few days or a few weeks to one and a half years of age. (Nagera, 1972, p. 1)*

Dr. Ann DeHuff Peters, voicing her concerns that the present system has failed to deal innovatively with parents' and children's needs, described at the Family Day Care West Conference an experimental infant care program in North Carolina in which an environment was designed specifically to meet the needs of infants by creating a small, wide-age-range grouping with continuity of staffing to provide warm, stable, one-to-one relationships in a "cottage" setting.

This is precisely the environment FDC offers. We question the need to design new facilities where the natural family setting already exists.* At the same Conference, it was noted that nearly all non-relative infant care is provided by FDC. California has only 10 infant care centers and probably will not have a great many more in the near future since infant center care is expensive and, unlike other day care, must be non-profit in California. Experts estimate the cost at $2500 per child per year, the high rate being due in part to the mandatory one to four adult/child ratio.

Unmet needs for infant care are defined, typically, by estimates of numbers

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* Centers may be a necessary alternative in highly urbanized areas where FDC homes do not exist. The Big Sisters League Maternity Home, cited by Dr. Peters as "a breath of fresh air" in infant care programs, was designed to meet the need of inner-city workers and residents.

of working women with infants (50,000 in Los Angeles County) and figures citing the number of children in licensed homes--8257 infants in 2500 licensed homes (Jones, 1972, p. 1)--implying that infants not in licensed homes represent the need. Our definition of need includes adequacy of services, the provisions of which we have found to be unrelated to the licensed status.

The Needs of Infants

Our definition of quality infant care is based on an overview of the literature, the remarks of Family Day Care West conferees, and our knowledge of the FDC setting. Such care requires:*

-- Small, wide-age-range groupings.

-- Continuity of staffing.

-- A stable relationship with a nurturant care-taker on an intense, one-to-one basis.

-- Intimate settings with a maximum of "softness" components.

-- Constant and active stimulation of the kind found in good mother-child interaction, including empathic sensitivity to the child's needs and individual attention.

One can barely begin to spell out in a few brief phrases what is needed for developmental care. At the Conference, Heinicke noted that the key variable that makes a child respond, want to sit down to attend and comprehend later in his school years, is the early experience--and he emphasized the critical nature of the first six months...

> *...of being cared about, cared for; the feeling of warmth, affection, being given because the world is worthwhile and so is he--this is what makes him receptive to listening, to to communication, to learning, to feeling that life is worth the trouble.*

Yarrow and Pedersen (1972, p. 64) point out the factors that facilitate attachment--the bond that serves as prototype for all other human relationships--can be

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* Provence (1967, p. 37) summarizes these requirements in her guidelines for group infant care: "Adults must provide 1) things and experiences, 2) information about them, 3) opportunity for action and 4) the human relationship that is necessary to the development of interest and motivation, that is, the 'energizing' influence."

described in more concrete terms and less value-laden behavioral terms than warmth and nurturance:

> *The behavioral referents of emotional warmth and sensitivity to the baby's signals, effectiveness in alleviating his distress, provision of stimulation in order to engage his attention and responsive capacities.*

Researchers stress the importance of high levels of stimulation, being demonstrative and interacting with the baby over more continuous periods. Provence and Lipton (1962) attributed the withdrawal, apathy, and lack of appropriate social responsiveness of institutional infants to the low level and variety of stimulation associated with the lack of individualized relationships found in these infant environments. Object permanence is also an important factor in developing attachment, i.e. social responsiveness.

How FDC Meets the Needs

Because of their generative qualities, FDCMs can provide individualized relationships with the necessary warmth, yet because they are not mother substitutes they can avoid the emotional attachments inherent in the natural mother/child relationship. This is not to say they do not love day care children; it is to say they do not replace the mother in the child's affection.

The development of attachments is a process including different levels and intensities of response. At the stage in which an infant learns to discriminate between people and inanimate objects, the presence of other human beings becomes important:

> *The young infant is a stimulus-seeking organism. Among the sights and sounds in the environment, people are most interesting. They give stimulation in a variety of sensory modalities. Their repertoire is varied, and they are responsive to the infant's signals. (Yarrow and Pedersen, 1972, p. 58)*

The wide age-range of children typically cared for in FDC is an important factor in the growth and development of the infant. Because of the family social structure, the infant comes in contact with many people of varying ages and is

able to develop focused relationships. Such stimulation may be lacking in his own family, where busy parents and lack of siblings deprive an infant of such opportunities. Often FDCMs take infants along with them on excursions into the community, and other adults are often present in the home--neighbors, relatives, et cetera, and especially husbands of FDCMs who often interact nurturantly with the babies.

Of 112 children cared for by Project FDCMs during the month of April 1972, 23 (nearly 21%) were infants of three months to one year. Thirty-four of the 112 (30%) were toddlers, one to two and a half years. In all but three of the 24 homes that cared for infants or toddlers, there were older children--either the FDCM's own or FDC children present at least part of the time. The older children frequently help care for the infants or play with them.

In our Project's Center Meeting on learning experiences, the discussion touched on the role older children can play in infant development:

> *Staff: I think you do a lot with infants, if you will stop and think of some of the things that infants do. For example, when they can hold things by themselves, they are really pleased that they have done this; they show it in their eyes. Or when they start to walk, crawl, or roll over: I watched Laurie at Ms. Perry's--she makes it across the whole room by rolling over.*
>
> *Ms. Perry*: She gets the approval of all the children.*
>
> *Staff: They are so astounded at what she is doing.*
>
> *Ms. Perry: I wish I could take a picture of them hovering around her, holding her hand, and all the kissing.*
>
> *Staff: Her self-confidence is really great, because she thinks she is pretty special with all this approval. It starts at that age and I think that is a lot of what you are giving to babies when you are working with them.*
>
> *Ms. Perry: It makes them feel beautiful, and that gives them self-assurance.*

On the other side of the coin are the benefits the FDCMs' children derive

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* This is not the FDCM's real name. To respect privacy, we have given each FDCM, day care child, and student participant in the Project a fictitious name for this report.

from having an infant in the home:

> *Ms. Green: My daughter is an only child--I started caring for children so she wouldn't grow up in a home where there were no babies, no brothers or sisters. She's learned to share things, to take care of a baby--she's just like a big sister to them--she scolds them, she babies them, makes them things, walks around with them. Many children in day care are also only children--they need experience with others.*

Many of the children cared for in FDC are first children in the family and frequently subject to parental over-protectiveness. FDCMs tend to exhibit a balance between nurturance and encouragement of independence, which can compensate for a natural mother's possible tendency toward "smother" love.

The flexibility and mobility afforded by the FDC environment is particularly responsive to infant needs. Schedules are individualized to fit the biological rhythm of the child.* Infants are put down for naps, fed, weaned, or toilet trained when their own time schedules require it. There is considerable variation between styles of toilet training and weaning, but flexibility in meeting the individual child's needs holds for the most part.

Because of the small, informal nature of the home setting, routine can easily be adjusted and shifted from one location to another:

> *Georgie had a bad ear infection and spent most of the morning on the bed. However, Mrs. Ward did bring him into the warm living room to be changed, fed medicine and lunch, and cuddled. She has such a glorious way of attending to the needs of all those around her.*

A great deal of time is spent by FDCMs in routines of care--diapering, feeding, toilet training, washing. As Provence (1967) notes, these simple acts hold great meaning for the infant in his introduction to the world of things and people, and

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* Scientists are beginning to watch man's internal "clock" as a means of reducing the stress of complex contemporary social structures. "Time," writes Luce (1971), "is the most overlooked dimension in human nature....Most Westerners live by the external clock. Each needs to know more about himself, to sense his own cycles, his own beat, and then as a matter of protection adhere to it....Each of us has his own undulations of hungers, thirsts, sleep...moods and stresses." FDC provides an opportunity for children to function according to their own body "clocks" within the group structure, and to avoid the stresses that rigid center schedules often place on children.

they can provide much of the stimulation he requires for psycho-social growth as well as attention to bodily needs. Many of the mothers are aware of the importance in these simple acts; with those who are less so, we attempted to encourage awareness.

Many FDCMs state emphatically that they enjoy caring for infants, and some prefer them to other ages of children, possibly because the reciprocity of the caring relationship is greater at that stage. For the most generative mothers, there is little need to remind them of the importance of interaction:

> *Ms. Haas likes to spend the time right after the others go to sleep just with Jenny, talking and playing and cuddling. With Ms. Haas, it's just a matter of course to give time and complete attention to Jenny.*

Prescott's findings (1970) on size of group appear to hold true for FDC. Three to five, depending on the FDCM, is evidently an optimal size in numbers of children. Above that the individual child, particularly the infant or toddler, gets lost in the shuffle and below it he may receive too little stimulation. Most of the mothers are aware of their own limitations and are self-regulatory in "clutch size." Others may yield to the pleadings of mothers desperate for care or, from a drive to fulfill needs for maternal self-gratification through caring for babies and toddlers, take too many to adequately attend to anything beyond physical needs. The common assumption that infants are easiest to care for was dispelled by a FDCM at the Family Day Care West Conference (Sale, 1972):

> *Kresh: The fee scale increases for infants, who are the least trouble to care for. Why?*
>
> *Horvath: Licensing technically limits you to two infants, but the real difficulty is 1) you can't communicate verbally --your responsibility for the infant is thereby increased, and 2) with a toddler you have to use your eyes and ears--with an infant you have to use all your senses. You have to be really with it when the child is two and a half to three months. That's when teaching begins. It demands 100% of the adult's attention.*
>
> *Byrd: Caring for infants is time-consuming--you must do everything for them.*

The physical setting of the home is naturally adaptable to good infant care.

Homes are generally smaller than institutional settings and more cozy; they have rugs and blankets, pillows and couches, and large beds, from the center of which infants can survey the world with vision unimpaired by the bars of cribs. Proximity of the outdoors is an advantage of many homes, and the grassy places and trees of back yards are important to both comfort and stimulation:

> *Ms. Perez lets Missy sleep on her own double bed. She changes her position occasionally so she can look out the window and watch the leaves move on the big tree outside.*

Ill children are easily cared for in FDC--just as are members of a family; an isolation room for sick children does not seem to be a prime requisite in FDC. We found no epidemics of illness among infants in Project homes (even though babies tend to be more susceptible to minor illnesses). Caldwell (1972) cites research findings which refute the widely-held notion that children must be isolated. And Dr. Peters at the Family Day Care West Conference said, "I'm bitterly opposed to setting up artificial systems. We must get away from the mystique that isolation is necessary--sick kids need to be in familiar surroundings." In the Chapel Hill, N.C., infant center, data reporting incidence of respiratory diseases was compared with experience of home-reared children and a difference of only 1.7% for children under one year of age, and less than 1% for older children, was recorded. For FDC there is likely to be confirmation of these findings.

Provence (1967, p. 38), in her list of specifications for favorable infant care environments, notes the importance of <u>stimulation</u> with <u>protection</u>:

> *It is important that the infant have a relatively peaceful place to sleep....We expect to tone down some of the sights, sounds, and other stimuli in order to provide...respite from involvement with people and activities...moments of peace.*

The Project homes could and did provide such a balance between stimulation and quiet for infants. Babies slept, according to their own individual body "clock," in bedrooms away from the other children's play. Mothers appeared to be particularly attentive to the needs for quiet periods and sleep.

Planfulness appears to be as important with infants as with other children,

if not more so. Babies still in diapers require organizational skill on the part of the FDCM. Some FDCMs rinse diapers for the mother, some wash them, some provide their own. Routines must be coordinated; because caring for babies tends to make mothers more house-bound, errands must be planned. Safety is an important consideration. The most effective teacher for learning planfulness seems to be experience. Ms. Ward notes:

> *I've revised a lot of my thinking, let me tell you. I've learned a lot of shortcuts--and a lot of things you learn by experience. You know, you do this or that and it doesn't work, so you try something else.*

School-Age Children

The supervision of school-age children after school hours is another area frequently cited as deficient in the day care picture. While some districts in our state offer extended day programs through the California Children's Centers, they are not able to serve more than a fraction of children needing such care. In San Diego among 550 families interviewed by the Community Welfare Council, there were 515 children, ages six to 11, who could benefit from such programs. (Keyserling, 1972) Where such programs do exist, they frequently bring confusion in the schedule for younger children and boredom for the older children, already weary of the long school day in an institutional environment.

We found that nearly one-quarter (21%) of the children in CFDC Project homes were school-age. Twelve of the 26 mothers in the Project cared for children before and/or after school; some came in for lunch. Not only do these children have an opportunity to relax in a home setting where couches, pets, grassy yards, and food are available--not to mention a warm adult in a non-teacher role--but they provide learning experiences for the younger FDC children:

> *When the older children come from school they take over--they read stories, play games with the little ones. They feel secure, and I never have any problems.*

Learning also occurs in the opposite direction. A student comments:

*Jason came home from kindergarten and told me he had painted at the easel. I told him: "I bet you used red paint. Know how I know?" "Nope." "You have red paint in your hair." He laughed. When Jenny yelled at having her diaper changed, Jason said: "I used to behave like that when I was that age," with the air of authority that being a mature person of five brings. We talked about painting, and colors, and what growing up meant.*

The Day Care Neighbor Bulletin (1971) points out the importance of the kind of experiences school-age children can have in FDC:

*FDC givers can make just the difference that may prevent a child from getting into the kind of small trouble that may lead to big trouble as he gets older. It is a pretty lonely, empty feeling for a child to have no one to go home to after school, to tell about the good and bad happenings of his day. Maybe it even affects the early image he had of himself as a nice child, because a child sees himself as nice pretty much in terms of how the people close to him see him. And children are so self-centered that many just don't really get the idea that mothers are working because they have to.*

*They often have the feeling that somehow it's because she really doesn't like him that mother is not there, although his mother's working may actually be an indication about how much she cares for him and wants to give him what she thinks he needs. For this kind of child it is obviously very important to have someone to come home to after school for creature comfort, a snack, a place to play, protection when relationships with other children get tangled up; and even more important, for reassurance that his mother does love him and is doing all she can to care for him.*

Bourne (1971, p. 52) points out that the day care system has assumed that at the age of seven, a child has become self-sufficient; this age group is excluded by the setting of priorities for pre-schoolers. She underlines the needs that are "dramatically unmet" for the school-age child:

1) Supervision.
2) Surrogate parents.
3) Other children to play with.
4) Help with school work.

FDC provides all of these features, frequently within walking distance of the elementary school the children attend. Opportunities for accepting responsibility--helping with the younger children, preparing food, clearing the table, and often giving the infants a bottle--give the older ones a feeling of worth

they may not receive at home or at school. In turn, it provides the FDCM with welcome assistance in caring for the younger children.

The value of the wide age range available in FDC--a characteristic unique to that type of care--has struck us forcibly. The inclusion of school-age children--both those in FDC and the care giver's own--appears to be extremely important, not only in providing a well-supervised environment, but in providing opportunities for important developmental experiences, including satisfaction of the need to be needed.

## CHAPTER 4

# BEYOND THE CALL OF DUTY--

# THE SPECIAL SERVICES GIVEN BY FDCMS

Because FDC, more than any other form of out-of-home child care, is built on personal relationships, it can offer a number of services that center care cannot. In the two years we have been working with mothers in the Project, we have become increasingly aware that they frequently provide the glue holding families together and give the kinds of social services that agencies may promise to give but often fail to deliver because of bureaucratic restraints.

### Parental Counseling

We have become acutely aware in the last year, for example, of important service rendered by FDCMs to parents through counseling; not formal conference in an office on a rigid schedule, but informal chats over a cup of coffee at the kitchen table or on the back steps, on the spur of the moment and at the time of need, lasting until the need is fulfilled. Mothers in the Project estimate that they spend an average of one hour a day counseling parents; they frequently talk to one parent for that length of time and up to two, occasionally three, hours in times of crisis; and the crises for single working mothers seem to come frequently. Young mothers, particularly, look for help, and the older care-givers are glad to share their child-rearing expertise:

> *Ms. Weber: You'd be surprised to know how many mothers have babies and don't know how to care for them. I have a child now, two years old; he was adopted and the mother was an only*

*child. She took the baby home at three months and didn't know what to do with him. It's interesting to see her come in and tell the things she didn't know how to do or ask what to do for the child. I tell her to encourage his talking by talking to him. I'm potty-training him, too. She says she doesn't know what she'd do without me because it's so new to her. I feel I'm really helping her.*

The help FDCMs give to mothers ranges from a sympathetic ear ("All I do is listen; she knows what she says won't go past me.") to child-care advice ("I have a little boy who didn't talk; I suggested to the mother that she talk to the child, get books for him. They started doing this and in about three months he started talking.") Most FDCMs are sensitive to the need to avoid lecturing:

*Ms. Perez: I don't talk to people like they have to do this; I think you have to go kind of easy on it. You can kind of suggest without having to go all the way. I always have private talks with the parents about the children because when I was little, in the doctor's office, I heard them using all those big words and it frightened me!*

*Ms. Baker: I usually give the mother a little time to realize the child's needs herself and then if she doesn't do something I remind her of it.*

FDCMs are in a unique position to observe the child away from home, on a continuing basis in a natural situation; they are in a position to see his needs more objectively even than the natural mother:

*Ms. Allen: There are things that a day care mother might see in a child that a mother at home wouldn't notice. I am constantly reminding them of certain things--changes in the child, activities. Like one I had last week practically stopped eating. I got her mother to take her to the doctor. I think the child is hard of hearing because I noticed that she doesn't respond if you talk to her when you are standing behind her.*

*Ms. Baker: I talk to Gerald's mother all the time. I tell her he needs more love and attention. I try to explain to her that he needs her. I make her pick him up right after she gets back from her job teaching nursery school.*

The more generative the FDCM, the more she appears to understand the pressures of life, which sometimes make it appear as though parents are neglecting their children. A generative FDCM is also more likely to realize that her way is not the only way to handle problems, that parent values, although different, need

to be respected. Throughout the year, the CFDC staff often took the role of parent advocate to encourage FDCMs to be sensitive to parental needs.

We recognized that value conflicts were frequently the source of dissatisfactions reported by FDCMs and that match-making in the referral of children can avoid many of the problems, real and potential. Frequently, where a good match has not been made (as in the case of Jimmy, an energetic two-year-old who needed a day care home where there were more children with whom to interact and an environment with more possibilities for exploration) natural checks and balances operate. (In this case Jimmy's mother moved him to another FDC home.) In addition, the establishment of a contract (not necessarily written) can avoid many problems related to hours, fees, provision for extra clothes, discipline, weaning and toilet training expectations, religious and moral training, et cetera. Staff continually emphasized, particularly for new FDCMs, the value of communicating with parents in a manner which recognized their needs as well as well as those of the child and the FDCM. For most Project members this was unnecessary, particularly by the end of the second year; several of the mothers could have taught the class we offered in parent relationships, with great skill. Experience with that class, however, in which half of the members were non-Project FDCMs, revealed that this is an area in which FDCMs often need support and guidance. Discussions about parent relationships clearly revealed the triangular relationship Chilman describes (1971).

It also became apparent that,despite some dissatisfactions, FDC is equipped in a highly effective and natural way to deal with the total life situation of the child. Teachers in school, Chilman notes, are often ill-prepared--partly because of the psychic distance between school and home--to deal with the family background and problems of students. She suggests (1971, p. 121) that the intense feelings, ego involvements, deeply held attitudes and values, past histories, and current concerns which parents, teachers, and children bring to the communication

and behavior drama, block real understanding:

> *Many teachers, for complex reasons of their own, fail to understand and accept that cultural roots go deep, entangled in the matrix of the family over generations and the situation in which families currently live. To question the values by which parents and children live is to question the validity of their very lives and the relationships that lie at the heart of their lives. Also, to question and attempt to change these values can upset a fragile and necessary adjustment people have made to poverty, racism, social disorganization and all the rest.*
>
> *The teacher has his or her own inner personality structure to deal with, as well as attitudes and values related to socio-economic factors. Teachers bring their own life history, present situation, and perceptions of the future to communication with parents....Frequently no time is set aside for this in the school day and no private place is provided in which to talk.*

In FDC there is time to talk, to be relaxed, to feel empathy for one another as human beings. FDCMs like Ms. Perez are well aware of the implications of the parent/care-giver relationship:

> *That's very important, the relationship that a day care mother has with the parent and the attitude the parent has toward the day care mother. I think the welfare of the child depends a lot on this particular thing.*

The establishment of trust in the relationship is an important factor:

> *Ms. Jung: I wouldn't want to keep a child whose parents didn't show confidence in me.*
>
> *Ms. Bundy: A parent told me he didn't know anyone who could take care of children like I did. I was flattered--but from the start I told him the way I wanted it, and he's been on my side. These children I keep, I talk to their parents and we have the same ideas about bringing up children and they trust me.*

Clearly, a big advantage of FDC is its ability to provide a close fit with parental values. For nearly every life style there appears to be a FDC arrangement to match it. One important note is the need for parent education so that families can find the right fit for their own particular life style:

> *Staff: The important thing is for a mother, in looking for a place, to find one where the FDCM and child are a good match, so they won't bug each other.*

*Ms. Duffy: That's why you've got to have some idea of personalities.*

*Staff: But from the description of what people would look for in a day care home, some really want a place where children can learn self-discipline; others want a big yard.*

*Ms. Duffy: That's why I say that everybody wants something different for their kids. I don't think you can sit down and list those points unless they are universal, and they don't seem to be. Discipline, environment--you know--all the factors. You need to sit down and evaluate your needs before you go out to look for a day care home. You need to know what you want.*

Ms. Perez summed it up in her own "mother-witty" way:

*I'd want somebody who has my own ideals. A family is a do-it-yourself thing.*

Job-Oriented Problems

Keyserling (1972, p. 36) has noted a serious lack of night-time and weekend places and places for mothers who work odd hours and holidays, pointing out that many of the jobs in which women work require attendance other than the usual 8 a.m. to 5 p.m., Monday to Friday work week:

*In a group of AFDC mothers interviewed, 55% worked at jobs likely to require either weekend work or hours beyond the 8-5 employment....These jobs included nursing, restaurant, laundry, hotel maid, beauty operator, telephone operator, and retail sales.*

Project mothers provided care for children at all hours of the day and night, often on short notice. One natural mother brings her child at 5:30 a.m.; another picks up her seven-year-old at 2 a.m.:

*The mother works the night shift and brings the child about 3 p.m.; I give her supper and a bath and she goes to bed about 8:30. I get her clothes together for school the next day and by the time I sit down it's 10:30 or 11. About the time I get to sleep the mother rings the doorbell. I actually wanted her to leave the little girl till morning, but this is the only time she has with her, because the child goes to school at 8. The mother picks her up right after school and brings her straight to me.*

Most of the parents are students, telephone operators, waitresses, and other split-shift workers whose jobs demand unusual hours. Many of those in part-time

jobs are substitute teachers, bank tellers, clerks, et cetera, and cannot predict ahead of time the hours they must work. It is the rule rather than the exception for a FDCM to care for part-time children; all of the homes with which we have worked have accommodated parents in this way at one time or another, and some of the homes, such as Ms. Brook's, specialize in this service.

We have found FDC homes to be a great deal more flexible than centers, a finding contradictory to that of Keyserling.* In Project homes, hours tended to be determined by the needs of the parents. FDCMs accepted children at whatever time parents needed to bring them, and frequently kept them until after the dinner hour. A Center Meeting discussion to determine possible hours for scheduling a special television program for FDCMs revealed that half of the mothers in the group were up and caring for children by 6:30 a.m. Overnight care is more apt to be provided in those homes where there are young children in the family, because, as one mother put it, they are "geared up" for such care, but it is not limited to such settings.

FDC homes never formally "open" or "close"--probably a source of some of the FDCMs' role strain and drain and dissatisfactions with parents' behavior. Some parents do tend to exploit care-givers when they find their child will be cared for, even if they are late in picking him up. Frequently the reason FDCMs give for being upset when parents don't pick children up on time is that it is upsetting to the child; they tend to think of the child's need before the inconvenience to themselves and their own families. Adjustments are willingly made in the FDCM's own schedule to accommodate parents and children if parents are thoughtful enough to let the FDCM know ahead of time:

*Judy's mother called to say that she would be an hour*

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* She found 36% of homes open 10 to 10½ hours per day, compared with 45% proprietary centers, and only 15% of homes open before 7 a.m. compared with 38% of proprietary centers. In addition, she reported that 66% of the FDC homes closed at 5:45 p.m. or earlier, compared with 37% of the proprietary centers. We found FDCMs putting no arbitrary limits on the hours they would keep children.

*late. Ms. Taylor explained that meant she would have to give Jay lunch and give her a short nap, which she normally didn't have to.*

Family Crises and Other Emergencies

FDC is particularly valuable in providing family support in crises. The combination of the "caring" qualities of FDCMs and the adaptability of the home setting make it highly responsive to sudden emergencies:

*This week Ms. Haas had two little Armenian boys, two and four, for 24-hour care; their mother was in the hospital and the father worked from three until 11.*

Frequently, sudden illness of parents or the separation of father and mother requires immediate arrangements. One FDCM began caring at 8:30 a.m. for a two-year-old whose father had been arrested the night before. Ms. Perez temporarily cared for one of her FDC children, an infant, overnight when the mother had a nervous breakdown. Another FDCM kept two siblings, four and two and a half, overnight so the mother, a student, could study for examinations. Centers are seldom able to provide care on such a short-term, emergency basis; almost none are able to care for infants, particularly, under such circumstances.

Other Special Services

As time progressed we discovered more and more examples of the things FDCMs would do, without extra financial compensation, for children and parents. One helped a Spanish-speaking mother, new to the area, fill out an application for a job close to the FDC home so she wouldn't have to travel so far by bus to pick up her child:

*I told her I would get the papers and I would help her fill them out and on one of her days off I could just take the kids and her around to different places until she could find a closer place to work.*

When it rained, one FDCM drove the children home; at Christmas she gave them gifts:

*Poor little things, they had nothing. I was so busy I*

*didn't have time to shop for the toys so I gave the mother some money to help her get the kids a little something.*

Ms. Ward, like many of the FDCMs, washes all the diapers (which she supplies) for the babies she cares for, and she made the 18-month-old two knit shirts and shorts from scraps of material left over from making her own children's clothes. Another buys shoes for her two-year-old FDC child. The stories of taking children to the doctor, to the dentist, to the well-baby clinic (where the FDCM must wait long hours for medical services), have become legion. The "planfulness" of the FDCMs becomes apparent with each episode:

*Ms. Wall has a car seat for each child. When she goes places with the kids it's like watching maneuvers. Everyone has his station. Katy rides in her stroller in the back; Sammy in his infant's seat, which goes across the seat in the front; Teddy is on the left side; Tommy on the right.*

*Maneuvers were set in motion one day recently when Sammy had reopened a deep cut in his finger. Ms. Wall decided to first stop at his mother's place of employment--a record shop--to consult with her on the plan of action; next she took him to the doctor to have the profusely bleeding thumb securely bandaged.*

That the FDCM is the epitome of not only child but family advocate has become increasingly clear.

CHAPTER 5

# WHAT MAKES FDC HOMES GOOD PLACES TO LEARN

Our work with FDC homes has convinced us of the value of this form of child care as a developmental learning environment. Indeed, FDC approximates the open classroom which many contemporary educators consider the optimal learning situation. In evaluating FDC as a learning situation, we would like, first, to clarify what basic learning experiences today's children will probably need in order to function as psycho-socially healthy adults in the 21st (as well as the rest of the 20th) Century, and second, how FDC provides them.

Of all the statements of early childhood educators on learning needs, Prescott and Jones (1967, p. 55) make one of the most succinct in terms of "where it's really at":

> *Both at home and at school, children need opportunities to solve real problems. Real problems for the young child include the need to learn--*
>
> *1) how to cope with one's self--with one's body, with feelings, and with being alone;*
> *2) how to cope with other children;*
> *3) how to cope with adults--their expectations, rules, rewards, and punishments;*
> *4) how to cope with the natural environment: dirt, rocks, animals, weather; and*
> *5) how to cope with the man-made environment--cars, furniture, toys, written language et cetera.*

FDC offers all of these problem-solving potentials in one comprehensive "lesson plan." The FDC environment is infinitely more complex than the center setting because it incorporates the natural environment to such a great extent

and because temporal and spacial boundaries are less distinct. In addition, the learning tasks are to a large extent determined by the child. Because the FDCM is involved in multiple tasks in her role as care-giver, mother, housewife, et cetera, she functions less as teacher and more as consultant to the children.

The research of Burton White emphasized the positive value of this phenomenon in analyzing the behavior of mothers of "competent" children. White found that these mothers generally did not spend a great deal of time altogether in interacting with children but did take advantage of moments here and there to:

> *a) Get in some language,*
> *b) "beef up" the child's curiosity,*
> *c) give him some related ideas which will start him thinking, and*
> *d) unwittingly teach him an important skill: using adults as a resource. (Pines, 1971, p. 67)*

White's findings indicate that <u>quality</u> of interaction may be more critical than <u>quantity</u>.* From a student's log:

> *Ms. Brook took the opportunity to do some raking in the back yard. Throughout the morning the kids would occasionally drift back and talk to her or just be around her. The younger ones especially did this often. Even though she's busy she always has time to explain something or chuckle at something funny the kids do or say.*
>
> *Ms. Brook does much of her teaching on the fly. On the way into the house to get the children a snack, for example, she stopped to help Janie (four years) who was trying to give Bobby (one and one-half years) a ride on the trike. She showed Janie how to push him and make sure he didn't fall off, explaining that he had a hard time balancing on the big trike since his feet did not reach the pedals. "Don't push him too fast," she suggested, "and let him down when he wants to do something else." Janie took the lesson to heart, knowing that it was important--and so was she.*

One of the advantages of FDC is that, because a family setting is not focused solely on the child, as is a center, it can offer a broader range of stimuli in a more complex environment. As the FDCM moves about in a variety of roles--cook, housekeeper, chauffeur, nurse, gardener,shopper, whatever--she occupies herself

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* Our findings indicate that the more generative the FDCM, the more consciously she functions as a resource person and the more time she <u>does</u> spend in interacting with children according to the child's needs at the moment.

with a continual meeting of immediate needs, many of them only indirectly related to child-care:

> *Often the circumstances that are problems to her provide opportunities for children to see how the adult would operate and to learn that the unexpected can be handled--one of the advantages of a family home is that it is not smoothly programmed. (Prescott and Jones, 1971, p. 58)*

Prescott also notes that only by conscious planning--and even then with some difficulty--do centers avoid the insulation of children from encounters with the real world. Few centers regularly provide excursions into the community and many do not permit children to go outside the premises even for a neighborhood walk. The boundaries of the home setting are permeable; not only do repairmen, delivery men, relatives, and neighbors move freely in and out, creating serendipitous learning experiences, but children frequently go out into the community as a natural spontaneous event--to a neighbor's house to see her flowers or new kittens, to the post office to mail a letter, to the store to get groceries, to the shoe repair shop where Tony's father works.

Because of the nature of the physical setting of the home as well as the social structure of family life, learning often takes place in different ways than in centers. And potency may be greater because of a number of variables.

Small Group Size

Barker (1963, pp. 32-34) notes that smaller group size increases the likelihood of group member participation in activities:

> *Small groups are characterized by stronger motivation, greater variety, and deeper involvement....Gump and Friesen found that the students of small schools exceeded those of the large schools in satisfying experiences related to the development of competence, to being challenged, to engaging in important activities, and to being involved in group activities.*

Thus, because of the small size of the group, children in FDC tend to be more valued and involved.

Barker points out further that in large groups control is frequently

exercised by vetoing participants not behavior. Because of its small size, FDC provides more opportunity for the child to be himself and imposes fewer demands to conform for conformity's sake. Prescott's observational studies confirm that the larger the group, the lesser the involvement of the individual child and the greater the restrictions placed on his behavior.

Spacial and Temporal Flexibility

Activities in the home tend to respond more to the natural rhythm and flow of life patterns, and to the realities of daily needs. The flexibility in scheduling lures some observers into falsely concluding that no planning has occurred; the truth of the matter lies in the fact that FDCMs have become sensitive, through years of parenting experiences, to take advantage of natural events.

> *There are times I think I should go back to school to find out why children do certain things and their true needs. And then I could work in a nursery school, with status to my work. Then I look at the nursery school and find I do the things they do at one time or another. Admitedly, my pace is slower and the children choose what they want to do, at least three-fourths of the time. I ask, "Anyone want to go to the park?" All answer, "No, we are busy," except Kathleen, who is a bit young to express her views and Christina who is always ready for a stroller ride.*

Activities related to physical care such as naps and eating follow an over-all schedule that can be adjusted to immediate needs, but activities in which learning takes place are seldom regulated by the clock. In only one home was anything like a nursery school schedule followed.

We have been asked: "What is a typical day like?" The answer must be: "There is no such thing." Each day is like a snow-flake, the pattern shaped by a number of environmental factors and frequently dictated by the children's motivations. Activity flows freely from one room to the other. In few homes are any rooms entirely off-limits, although there are individual variations; some permit full run of the house with choice left up to the individual child; some encourage play in the playroom but do not insist on it; others permit children in, say, the living room only under certain conditions.

The number of different sub-settings for children's activities--bedrooms, kitchens, bathrooms, playrooms, living and dining rooms, play yards--is far greater than in centers and thus leads to a more complex pattern of learning opportunities. Free access to the kitchen, for example, not only produces a warm nurturing climate, but makes possible such activities as cooking, an important learning experience which permits both observation of an adult model and active engagement with the environment. Cooking occurs as a part of the natural routine of housekeeping, but many of the FDCMs include the children because they are aware of its value as a teaching situation.*

Learning not only occurs throughout the house, but in yards and beyond. The expanded physical environment of FDC includes parks and public school playgrounds, to which children frequently walk, and all the settings of the community--homes, offices, stores, beaches, farms, even Disneyland. During the course of the day, activity--and learning--occurs in kaleidoscopic progression. From a student's log:

> *The boys (both two-year-olds) took their first bus ride last week and had quite a time. Ms. Sato wants to do more with them now that they can get around easier outside. We decided that we could go for a walk this morning. Uri and Gunnar drew pictures on postcards so they could mail them to themselves at the post office, two blocks away. A lot of things happened along the way. Gunnar knew the mailbox was just at the corner but he didn't realize that the post office (where we had to get stamps) was in the opposite direction. We finally got that settled and went on our way.*
>
> *A big black dog ran out from a neighbor's yard and just terrified Gunnar. He clutched Ms. Sato's leg and screamed that the dog was going to eat him. Uri just stood back and waited. I think he was scared by Gunnar's fear. Ms. Sato told Gunnar that the dog was just kissing him and trying to be friends. The owner of the dog (a friend of Ms. Sato's) finally took the dog inside and we were on our way again. When we came to the corner, both boys wanted to hold my hands to cross the street. Ms. Sato said that they usually didn't want to hold anyone's hand.*

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* Among the lessons in cooking: mathematical concepts, problem-solving, peer cooperation, and eye-hand coordination, as well as tactile stimulation and --an almost forgotten dimension in many nursery-school curricula--fun.

*Next we saw a big moving van and some trucks from the phone company. Gunnar and Uri got really excited to be so close to such big trucks. They yelled "hello" to the men working up high on the telephone poles and spent a long time just staring at all the neat equipment on the trucks and on the ground. The men waved goodbye as we moved on.*

*We stopped at the cleaners, too, for a minute, and that was long enough for Uri to notice a vent in the ceiling of the shop that twirled around from the air outside and cast weird shadows on the ceiling. When we got out on the street again, Uri started talking about Volkswagons. He pointed out every one that went by. Gunnar saw a car the same color as his father's car. The last time I was with them, they didn't know their colors very well but now Gunnar could point out red cars and green cars and blue ones. I couldn't believe all that had happened in just one month. It's mind boggling to try to realize how much kids this age learn in such a short time.*

*We finally got to the park and they played and climbed for an hour or so. On the way home we met a neighbor of Ms. Sato who was having trouble with her clothesline. I climbed up on a ladder to try to fix it but I could only do a temporary job. We suggested that she call Sears and order a new part instead of buying a whole new clothesline. Everyone was starved by the time we got home. We all had cheese toast for lunch.*

In the course of the morning the "hidden curriculum" contained lessons in:

--Eye-hand coordination (drawing postcards).

--Large muscle activity (walking to the post-office).

--Problem-solving (which way to the post-office?).

--Dealing with emotions (meeting a strange dog).

--Peer cooperation (holding hands crossing street).

--Knowledge and awareness of the world (watching men working; going to cleaners).

--Sense of awe and wonder (watching shadows cast on ceiling).

--Concept formation (differentiating Volkswagons, colors, et cetera).

--More large muscle activity (climbing at the park).

--Observing adult work roles (neighbor hanging up clothes).

--Observing adult problem solving behavior (clothesline breakdown).

--Nutrition (cheese toast and nurturing adults at lunch).

Most structured learning environments would be hard put to include as many learning experiences in the course of one morning's scheduled activities.

Environmental Richness and Accessibility

The home setting, by its nature, offers innumerable possibilities for exploration. All the Project homes save one--an apartment--had yards with ample opportunities to dig holes, plant flowers, observe insects. From a student's log:

> *The morning's events began with an exciting excavation of snails and slugs. We must have overturned 10 rocks and found at least two "goodies" under each one. Ms. Tyson had given the children cans with perforated tops to put their finds in and George, two years old, ventured off to overturn his own rock and squeal with joy upon each new discovery. We found a spider with an egg sac and talked about that. I perceived the intrigue with insects was sparked by the wonderful grasshopper the little boy next door had presented to them first thing that morning.*

Ms. Mann observed at a Center Meeting:

> *There are so many things we have in our home that the children sometimes don't have in theirs. I have quite a few children that I think might grow up to be scientists because they want to learn about nature. The children always help me plant flowers in the garden.*

Music--more often soul or folk than nursery rhymes--is an important means of expression. The children become deeply involved because they can choose the records, play them, dance when the mood strikes them:

> *The kids danced this morning--I wish I'd had a movie camera! It looked like a miniature Band-Stand show. Ms. Brook has a great selection of soul music. We had kids dancing everywhere--on chairs and boxes--everybody rocked out!*

One mother has a collection of Woody Guthrie's songs for children:

> *When he was singing "Push me, push me, but don't push me down," one of my children was pushing another child; I said, "Hey, wait a minute, listen to the song." He did. Then he said, "Ahhhh---" and stopped pushing.*

The best FDC homes abound in props and "junk" from which children frequently construct their own play equipment:

> *Willie made a rocket out of old furniture in the garage. Jodie made an animal cage, then a bus from an old packing*

*box. The two younger children got into the playpen, and I put a blanket on for a roof, so they could be monkeys. The dining room chairs with a blanket on them made a fine tent for the circus.*

*The children used boxes as boats and land vehicles, then as houses, then as sleeping places. Then the boxes became a puppet stage.*

Equipment is often stored so that it is easily accessible to children:

*Ms. Duffy is continually aware of her home as a learning environment that can be stimulating to children. She arranges toys on low shelves, wants them to be visible to children to use when they want them.*

*Ms. Allen has two boxes of mail-order catalogs, cutting books, scissors, crayons, chalk, and chalk boards behind the door in the dining room. I sensed that their use was entirely at the will of the children, not a structured activity.*

For the babies, there are many objects to stimulate sensory awareness:

*Ms. Baker put Frankie (eight months) on the sofa in a dip between the cushions so he could keep his balance, with a pillow on his lap. She put a sea shell on the pillow--one of the big curly ones--and he had the best time playing with it. He felt the outside, which was very rough; then he'd feel the inside, which was very smooth. At one point Ms. Baker held it up to his ear so he could hear the sound it made. He played with it for about 15 or 20 minutes.*

We have been asked if children in FDC use fingerpaints or play dough often. Finger painting tends to occur only rarely because 1) it is messy and requires an assistant, which FDCMs seldom have and 2) there seems to be less need for such activities in FDC. A student observes:

*I took play dough to Ms. Jung's but the children didn't really get into it...which indicated to me that there are maybe more "real" tactile experiences in FDC than in the nursery school.*

In actuality, there is wide variation in the amount of play equipment, specifically toys, found in the FDC homes. Where there are still young children in the FDCMs own family, the supply tends to be greater. Ms. Duffy has an extensive inventory; some of the other mothers have considerably fewer toys because they cannot afford them--particularly larger equipment--and because they no longer have young children of their own. Some FDCMs encourage children to

bring toys to share, others discourage it because of the conflict it may produce. Nearly all insist on sharing the toy if it is brought from home, pointing out that they, as care-givers, share all of the toys in their home with the children. They place the emphasis on consideration of others, but most recognize that young children are not ready to respond to such requests.

Self-Directed Play

Early childhood educators have come to realize that play is more than "just play":

> *It provides a child an arena to work out areas of conflict as well as the opportunity to differentiate the subjective from the objective. In other words, through play, particularly with others, children learn a great deal about the characteristics of objects and roles of various people in the world. (LaCrosse, 1969, p. 16)*

The FDC environment offers a highly adaptive setting for the manipulative behavior, satisfaction of curiosity, and explorative play which forms the basis for early concept development through mastery of the environment. A FDCM described this sequence in her home:

> *Ricky, three, and Jamie, four and a half, have set up a rudimentary "Rube Goldberg" contraption--a lacing shoe, a threading block, and a tin can. The shoe is full of marbles; the idea is to get marbles to roll down the tongue through a hole in the threading block into the tin can. When the marble does "cling" there are howls of glee. But all this noise attracts Patty, nine months, and Cindy, 20 months.*
>
> *Patty is trying to take the marbles from the shoe and Cindy wants to try the whole thing out. But after she steals a marble, she decides to run. The boys, outraged, make Patty withdraw to a safe distance where she bounces up and down and claps her hands as though she had accomplished her purpose.*
>
> *While the boys are still working with their marbles, Patty decides to explore. She crawls up the hall. Half way up she decides to return and practice step maneuvers; there is one step up from the family room. Cindy plays with a talking piano and a child's broom, which she decides works better outside--I guess because there is a leaf that gets in front of the broom from time to time.*
>
> *Jamie observes Patty playing on the step and leaves Ricky with the marbles. He tries to climb the door facing; failing, he*

*picks out a puzzle and tries to persuade Ricky to join him. Ricky refuses with an, "I want to play with this" --meaning the contraption. Meanwhile, the marbles get away. So a Goldilocks and the Three Bears house is introduced to the contraption. It is easy to drop marbles down the chimney.*

We found that while Piagetian labels* were not meaningful to FDCMs, most had already translated them into real-life terms. Ms. Tyson's wisdom springs from maternal experience:

> *To me, the child learns while playing--they learn from each other while they play. When a mother talks to me about what I do with their child, and she says, "Well, what did you teach them?" I tell her, "I don't teach--we learn together through play, through eating, whatever we do; we learn together."*

Frequently FDCMs take part in the play by acting as resource person or, in the case of dramatic play, role-taker. LaCrosse (1969) notes:

> *In my own research all mothers of competent children appear to have the ability and desire to enter into children's play and occasionally to take a role.*

Taking part in the child's self-initiated activity and using it as a teaching vehicle is in strong contrast to the center teacher's role:

> *We, the student and Ms. Perez' children--ages five, four, three and two played hide-and-go-seek, an ongoing activity, renewed, with variations, each time I come. Benny was being the Lone Ranger so I made him a mask from the IBM printout sheets =( ) ( )= and it looked so neat that we modified that game into one in which I was the mother getting all my children ready for Halloween and going trick or treating with them. There was the matter of getting something to collect goodies in as well as getting dressed up. Ms. Perez came home while we were doing that; we came in and asked for treats while she was fixing lunch, and she put imaginary candy and gum into each bag. She really accommodates herself to creative dramatic play by participating, and it's great to watch because she really has a gift.*

The lack of structured programming permits children to get into and stay with intricately complex play episodes until completion. Involvement in simple

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* While labeling may make what occurs more palatable to the professional and particularly the research community, it can sometimes obscure the real value and make communication between individuals and groups more difficult. Lennard and Bernstein (1969) suggest that labeling can have a dysfunctional aspect as well if it casts doubts on self-worth. The use of Piagetian terms, for example, should not be required to make the rose smell sweeter.

activities often lasts up to an hour, while more involved dramatic play may continue throughout the day, even from one day to the next. The continuity and depth of involvement exhibited in children's play in FDC is unparalleled in any other kind of out-of-home child-care setting. Time is a critical variable; play is not interrupted by adults operating on a rigid activity schedule, and children are free to follow their ideas through to completion:

> *It was not until we took our "journey" to the San Diego Zoo that I was wholly conscious of the incredibly sophisticated, articulate, detailed, cooperative, and creative interaction of these children. Two small tables provided front seat and back seat. Benny was concerned about "filling up," checking on the tires, fixing a hole under the car, buying food and books to take, fixing sleeping accommodations. Laurie took responsibility for packing, straightening the car, and the physical comfort of "baby" Woo Woo, Timmy, and me. Her tone and inflection were a highly skillful imitation of a mother's role. In fact, the entire 30-minute activity was a very perceptive and sensitive model of the family unit.*

The home environment lends itself to the kinds of discoveries that lead to the coping, problem-solving behavior of which Prescott speaks. The ready availability of water--a forbidden commodity in most centers--provides not only pleasure through tactile sensations but concept development through elementary scientific experimentation. One FDCM helped a child who wanted to know why she couldn't hold water in her hand to differentiate between liquids and solids, using running tap water; another helped children learn the differences between right and left through use at the kitchen faucet when they got drinks of water.*

Peer Group Interaction

Learning that stems from peer group interaction is a major phenomenon in FDC. Experiments in the Leicestershire program with wide age range in open classrooms (LaCrosse, 1969, p. 16) and research in peer group effects (Coleman, 1966, Wolff and Stein, 1966, and Datta, 1969) emphasize the positive effects

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* In FDC there is no waiting for "bathroom time" for toileting, washing hands, or getting drinks; needs are met at the moment, usually by the children themselves.

of peer group interaction on learning. Some day care centers, including the Syracuse Children's Center and Longitudinal Day Care Program (Chapman and Lazar, 1971, p. 67), are now beginning to use wide age range groupings. From the evidence gathered in the CFDC Project, the variation provides an effective learning environment for all ages--as well as help for the FDCM:

> *Ms. Mays: An awful lot of language command comes through the younger children being with the older ones.*
>
> *Sara: I saw the same kind of thing happening Tuesday with Bret and Lyle. They were building with blocks and Lyle would get close to the box and Bret would say, "Well, give me a medium-sized block." So Lyle would look in the box and take out maybe just a small block and hand it to Bret, and he would say, "No, I said medium-sized," and he'd show it to him. Lyle would say, "Oh, yes, medium," and then he'd look and find the same size and compare it by putting it next to it.*
>
> *Ms. Moses: I feed the six-month-old when his three-year-old brother is eating because he watches him and imitates him.*
>
> *Ms. Fisk: My children learn from my 13-year-old son, and he's learned about diapering and feeding babies from watching and helping me with the younger children. And they adore him!*

Having older children as models appears to be highly effective with children whose development is slow. A student comments:

> *In a lot of ways it helps if the kids teach themselves. Like the little boy at Ms. Ortiz'. He's two and a half and he doesn't talk too much. One of the little boys came home from kindergarten and said, "You talk like a baby; you shouldn't because you are old enough." And the little boy said, "No, I don't," and he's been talking more since then.*

In turn, the older children derive great pleasure and a sense of responsibility and "caring" from helping to care for the younger ones:

> *Denny (two and a half) said he was going to play with Susie (six months) for a while. I observed that what he meant by "playing" was to kneel down before her on the rug and talk to her very softly and gently. Susie smiled. And I guess I did, too, at that moment.*

The wide age mix is thus mutually beneficial: the younger children learn to talk, as well as develop more rapidly in other areas, while the older children can try out family roles as they interact with and care for the younger ones.

The Family in FDC

The White House Conference (1970) has identified the family as being one of the more important social forces affecting a child's psycho-social development and has pointed out that a child needs close, caring relationships if he is to become truly human. As smaller families and greater mobility have borken up the traditional "extended" family of several generations and numerous aunts, uncles, and cousins, the nuclear family appears less and less able to provide for all the needs of children. We have found that FDC offers considerable value as a substitute "extended" family, affording a useful and highly responsive option to the natural parents. Our experience indicated that the need for assistance in the functions of parenting is by no means limited to the poor and to certain ethnic groups. This need is apparently normal, not pathological, in today's society and certainly not confined to specific socio-economic groups.

The disappearing phenomenon of the extended family has been paralleled by a rise in stress patterns affecting the contemporary American family. Changing social mores and economic pressures have resulted in a growing number of working mothers and one-parent families. Parenting, never easy, has become an almost unmanageable burden for some, particularly young parents who lack the resources, experience and support to cope.

The roles of women have changed along with the family structure, and the implications for meeting needs of children as well as mothers point to the necessity of replacing the functions which the natural extended family once filled:

> *There is a need to have more people around; more people to hold the baby, more people to pitch in in emergencies, more people to help when the child is sick, when the mother is sick, more children for other children to play with so you don't have to spend a thousand dollars sending them to nursery school, more kinds of adults around for children to pick models from in case father or mother can't do the things they want to do. (Mead, 1971, p. 52)*

Mead's views are being echoed in many places. The White House Conference Report to the President (1970) cited Uris Bronfenbrenner's survey of child-rearing

practices in the United States over a 25-year period, which shows a decrease in all spheres of interaction between parent and child. At the same time Hess (1969) cites a number of studies indicating the correlation between parental behavior and children's school achievement and psycho-social development, noting that poor families frequently have a sense of inefficiency, a lack of power and prestige, which is communicated to their children. Current research indicated children need adults, not only for acquisition of linguistic competencies to assist in development of problem-solving capabilities, but to achieve a sense of identity:

> *Many children, effectively isolated from their cultural heritage by poverty, home environment, racial discrimination and geography, do not develop pride in their heritages and their feeling of identity remains vague and confused. These children need help in finding out who they are and where they came from. (Report to the President, 1970, p. 12)*

Emlen (1971, p. 1) has identified the FDC arrangement as "an emerging form of social relationship which substitutes for the extended family as a resource for supplementary child care," a relationship, he points out, with a variety of cultural blueprints:

> *The roles of day care user and day care giver are created out of a mixture of available norms and expected behavior. ... So varied are the possibilities for values and social structures of the FDC arrangement that it should not be thought of as homogeneous in nature but as coming in a variety of types.*

Because of Emlen's research, we know a great deal about the nature of the arrangement itself, its sources of stability and instability, the uniquely adaptive qualities which provide inherent flexibility and make it such a valuable resource for families who might otherwise be unable to secure child care. Emlen notes that a typical example of a mutually advantageous arrangement in FDC occurs when it produces a fit between the needs of the working mother and her young family and the needs of a day care mother and her slightly older children who are in school part of the day. Our findings indicate that such a situation provides learning experiences for all the children, which are of considerable consequence.

Therefore, we have concluded that FDC can be an excellent substitute for the extended family--with the support, demands, responsibility, and expectations inherent in such an arrangement. The isolated young couple, the lonely single parent, the concerned working mother or the harried professional may thereby receive the counseling, support, backup, and feedback desperately needed to help any family "make it" in today's society.

Other Social Contacts

Contact with non-family people of all ages in a variety of social roles occurs frequently in FDC. Ms. Perez encourages the children to go to the door to greet visitors:

> *I think it's important for them to know how to react to older people--social contacts are very important.*

One morning a two-year-old at Ms. Green's had the opportunity to engage in a long, identity-clarifying dialogue with a neighborhood boy, to observe workmen --whom the boy had come over to watch--cutting down a tree in the yard, and to talk with the man next door, who stopped by on an errand.

There is no end to the variety of people the children may meet as they go to the store, to the park, to the doctor's office, or the numerous other places where FDCMs often take them. In fact, the free, unstructured exploration of social relationships possible in FDC is almost infinite. The most important of all "other age group" people in the FDC setting is, of course, the FDCM herself.

A Significant Adult Model--the FDCM

The day care mother, by her behavior in her work roles, acts as model for the children to emulate. Her "teaching" occurs in a series of one-to-one interactions, at moments when she can invest the child's discovery with significance. In a Center Meeting with FDCMs we discovered this role:

> *Staff: Learning circles and squares is rote learning--what children need is transferrable learning; the home provides this where kids problem-solve and have to extend themselves.*

*Ms. Mann: A day care home should be set up like a child's own home, so children can really feel they can wander around and be themselves. I try to make my kids feel like that; they follow me around and watch me do things.*

*Staff: That's important, too--you're a model who is problem-solving all day long. As a FDCM, you've got to do that--you don't think of it, you just do it.*

*Ms. Perez: I heard the words "Piaget" and "cognitive" at the FDC West Conference. That's very interesting but from your years of experience you draw your own conclusions. Like I teach a child how to put on his shoes by matching the shape of the shoe to the shape of his foot, by feeling inside. It teaches him to use his brain, to think. I use the discovery method. I don't want to just tell him, "Your shoes aren't on right."*

Sigel (1972, p. 105) reports on the development of classification skills in young children, noting the difficulty in increasing the ability, particularly of "disadvantaged" children, to employ representational materials. The degree of abstraction and the lack of confidence with a familiar environment, as well as the teaching style, could be a significant factor; note the difference in interactional context between Ms. Perez' style and that of the researcher in Sigel's study:

*Teacher presents shoe to group: "Who knows what this is? Now we will talk about the shoe--what can you tell me about it? What do we do with this?"*

While Sigel notes that a relational/contextual response (groupings made on the basis of the interdependence of items) is a non-analytic, non-conceptual orientation, the kinds of experiences Ms. Perez provides lay a foundation for abstract concept formation.

*Staff: You're teaching mathematical concepts-- parallel, alike/opposite.*

*Ms. Perez: They get such a sense of accomplishment from doing it themselves, too.*

Because the FDCM frequently must attend to a number of activities simultaneously--as often happens in the real world--the children are encouraged to respond to a variety of stimuli and assimilate a number of experiences at one time. We observed that children in FDC homes tend to be more able to achieve

dual focus, the ability to attend to several tasks simultaneously--a valuable skill in a complex society. This skill is referred to by Burton White (1969, pp. 2-3) in his description of competent six-year-olds ("a particular kind of attending behavior which is characterized by simultaneous--or quick alternation of--attention both to a proximal task and to peripheral input") and was empirically investigated by Prescott (in press). The capacity for dual focus is assumed to be an important competency for young children to develop:

> *The children were playing so intently--I didn't want to interrupt them so I played the piano for a while. As I was playing a particularly rhythmic classical piece, I noticed Ricky unconsciously humming the rhythm to himself and keeping up with me. He was totally involved in playing with James with the tinker-toys and just kept humming along.*

We found that one of the best things FDCMs did with the children was simply talk to them; most FDCMs, in spite of their busyness ("We're anything but sitters!"), were attentive to children's needs and took the time to converse with them. The frequency of verbal interaction tended to relate to size of group, ages of children and the generative qualities of the care-giver. We also found that the majority of Project mothers use elaborative language (see Baratz, 1970, and Labov, 1969) in talking to children. The findings of some researchers (Gray, 1967) that black and low socio-economic-status mothers tend to use restrictive rather than elaborative language do not hold for our group. Most mothers, regardless of background or ethnicity, were verbally articulate in explaining causal relationships to children.

> *Tammy (two and a half) began to play on the cement steps and Billy (13 months) followed. Ms. Taylor said, "Tammy, don't play on the steps because Billy will follow you. He's not as big as you and can't climb steps as well. He'll fall down and get hurt."*
>
> *They came down but in a minute were back on the steps. Ms. Taylor said, "Come here," very firmly. Tammy came. "Tammy, I asked you not to play on the steps because Billy might get hurt. Bring him over here on the grass where it's soft and jump there." Tammy said, "O.K." and did so.*

The opportunities for dialogue--meaningful give and take between adult and children--tend to occur more frequently in FDC than in centers:

> *Ms. Green: I think it's important to let the child know you want him to be open, honest with you. You say, "I may disagree with you but it's all right for you to have your opinion, to feel that way."*
>
> *Ms. Perez: My children say, "Grandma, you're not always right."*

The recognition of the FDC home as a relevant and open environment for learning is an important finding for all involved in work with young children and their families.

## CHAPTER 6

# THE LICENSING GAME--HOW TO WIN WITHOUT ACTUALLY CHEATING

> *"It's a great huge chess game that's being played; I don't think they play at all fairly....Alice soon came to the conclusion that it was a very difficult game indeed....[She] sighed and gave up. 'It's exactly like a riddle with no answer!'"*
>
> *--Lewis Carrol, Alice in Wonderland*

We have found that most FDCMs, while subscribing in theory to the importance of the licensing function, are left with the same feeling of confusion--and often frustration--experienced by Alice in that other Wonderland where "they don't seem to have any rules in particular: at least if there are, nobody attends to them." Of the 26 Project members, 14 were licensed, three were in the process of becoming licensed, and nine were unlicensed. The slightly more than 50% who were licensed felt it was important to be so, because of the necessity for "being within the law," but were hard pressed to think of positive benefits from it. Those they did mention had little relation to the quality of program:

> *You can belong to the County Day Care Foundation and purchase inexpensive insurance.**

> *Parents will pay more for child care if they know a person is licensed--it puts a person in a bad position to have to bargain for whatever you get paid; and I think human nature is human nature, and everybody's out to save; some parents don't care and they will take advantage of somebody that's not licensed by not paying what the care-giver should get.***

Within the Project, licensed status, taken by itself, appeared to have little correlation with quality of care provided. We found the most generative mothers

*$8 for $20,000 medical insurance for children, $36 for $50,000 liability ($20 per child) for one year. Few FDCMs knew about this benefit, however.

**Our cost study did not support this belief. Among the 25 FDCMs in the study, all of the three who were losing money on their program were licensed.

most in favor of licensing but all felt that, as it exists, it leaves much to be desired. We accepted for Project membership FDCMs in both categories and made no distinction between the two; we did encourage mothers to become licensed if possible, however. Of the unlicensed, some could not afford the required fencing and some were not convinced of the positive value of being licensed; others had ambivalent feelings.

> *Staff: What do you think about licensing?*
>
> *FDCM: In a way I'd like to be licensed--in a way, not: I don't like people asking questions. I like to be private. A license is good, but not for everybody. If I get a license, I'll be doing FDC for business; this way, I take care of children because I feel like it. One mother pays me $20; one pays $20 for three; the way I look at it, I'm helping the child, I'm helping the mother, and I'm helping myself.*

As we listened to FDCMs discuss their problems in group meetings, we found evidence of the charges which many writers are currently leveling against day care licensing in general: It is often unrealistic, financially burdensome, physically and psychologically intrusive, and in most cases not fulfilling the real needs of communities, families, and children in relation to the provision of good child rearing environment. These needs go far beyond the concrete, physical aspects upon which most licensing guidelines are based according to "Basic Facts About Licensing of Day Care" (1970, p. 1):

> *In order to rapidly provide protection for children, many day care licensing regulations were adopted on the basis of expediency rather than on a careful evaluation of the special nature of these programs and the unique needs these programs were designed to serve. Thus some of the requirements were adopted from hospital and restaurant licensing codes, foster home placement requirements, and other seemingly similar programs operating in the public interest. In general, licensing regulations mandated stringent environment conditions, considerations of basic health and nutrition standards, and provisions for play space and adult supervision.*
>
> *Thus many states now find themselves with a licensing code that is inappropriate, antiquated, obscure, and unnecessarily difficult to administer and enforce. In addition, many states have discovered that where licensing regulations do provide for adequate*

> *facilities, they do not necessarily provide quality programs for children. Quality cannot be measured solely in terms of square footage of available space and acquisition of equipment. Quality must be measured by the ability of adults to develop and sustain meaningful relationships with children, and by the effectiveness of needed child and family services.*

As a result of its placement in administrative structures designed to serve other programs, licensing of day care facilities in general has a long history of crisis management and a lack of attention to basic needs of developmental child care. Although California (See Prescott and Jones, 1970) has been quicker than some other states to perceive and respond to the need for guidelines and standards, it nevertheless finds itself dealing with many of the same problems other parts of the country face in seeking better alternatives for safeguarding children and upgrading child-care practices.

The problem seems even more acute for FDC settings. The lack of visibility of FDC has made it the step child of the day care system, with even group care having only recently fought its battles of legitimacy to achieve a position of respectability. In California, the licensing of FDC falls under the jurisdiction of the State Department of Social Welfare, which has delegated to County Social Service Departments the job of implementing licensing under the foster-home child care program. Thus it has been placed in double jeopardy and suffers even more severely than other types of day care from its tenuous position on the licensing structure. Besides subordinating FDC to foster-home services, the unhealthy alliance with the Welfare program has placed a stigma on FDC that causes some hard realities for care-givers. One FDCM lost her license (which has since been renewed) because of her inability to find a back-up mother.* The problem was that none of her friends or neighbors was willing to become involved with Welfare. They froze at the mention of the word. As Class (1971, p. 6) indicates, one of the most

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*Licensing requirements demand that a FDCM have another care-giver available to take over in case of emergencies.

important issues in licensing is the disassociation of child care services from Welfare strategies:

> *Hopefully the "shot gun wedding" of uniting child welfare programs with public assistance programs in state departments of public welfare which took place following the 1935 Social Security Act will be undone!*

Dr. Ann DeHuff Peters, speaking to the FDC West Conference (Sale,1972), noted:

> *Mothers are interested in getting help and resources, but the system blocks this help-giving relationship. It's terrible that in this country Welfare has now got a capital "W" instead of a small one.*

In some areas of California, according to testimony by FDCMs and licensing workers from Marin and Contra Costa Counties, at the FDC West Conference, people working together have been able to beat the system, but it requires the availability of competent, dedicated, caring personnel--and community support. In Pasadena, we observed one licensing consultant after another being replaced with an untrained worker with little understanding of developmental child care. Since the primary allegiance is to foster-care services, there were frequent attempts to counsel FDCMs out of day care and into 24-hour care. The turnover in licensing staff caused by administrative edicts from above was impossible to follow without a daily printout; the attrition rate from demotions was staggering. In 1971, 22 consultants* were assigned to cover the Los Angeles area (with 8,000 licensed day care homes); 11 of these were transferred to another department because of lack of funding. As a model of stability, the licensing and consulting program is a poor example to place before givers of child care services. We alternately deplored a situation that left FDCMs without any visible support ("You try to call the consultant, and they never call you back") and empathized with the survivors in the Department of Social Services who attempted to make the best of a situation made nearly hopeless by administrative snarls, economic and political constraints, case overloads,

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*In 1972, the number was raised to 29.

breakdown of computers, and other crises beyond control from the local level.

Our role focused on 1) providing a forum for discussion of licensing-related problems, 2) attempting to assist FDCMs in the licensing process, and 3) keeping communication lines to the community and regulatory agencies open.

How FDCMs View the Problem

> *...the process of becoming licensed is so lengthy, tied up in red-tape, arbitrary in limitations, and intrusive as to be dysfunctional. -FDC West (Sale, 1972)*

Because of administrative difficulties, licensing may run up to six months behind schedule. We lost several prospective Project members because financially they could not afford to wait to become licensed before receiving children for care. The personal questions asked of one potential FDCM on the pre-licensing inspection visit were so offensive to her that they were a major factor in her decision to drop out of the Project. Group meetings, an on-again-off-again proposition intended to acquaint applicants with licensing requirements, were challenged at the FDC West Conference by FDCMs as destructive of initiative and by critics of licensing practices as "bad pedagogy" (Sale, 1972, III, p. 22):

> *Dr. Class: Any regulatory program concerned with FDC should operate on and want the highest level of individualization of the child possible...If you really want people who are going into this business to individualize children, I don't think you teach them about individualizing children by getting them down in a mass...This is an example of something that started out of necessity--the department began holding groups sessions because they were behind in their case-load.*

Citing a study conducted by second-year psychiatric workers who interviewed people who had screened themselves out of care-giving because of the group meeting, he reiterated the point that licensing practices missed the mark in identifying critical variables. The most sensitive people were often screened out by this procedure. His point was seconded by a CFDC Project student:

> *These are the issues [people] are not dealing with. There are*

*FDCMs who have a fantastic way of dealing with children, whose qualities have nothing to do with licensing [requirements]. We're not touching that issue.*

Some Project FDCMs had hostile feelings about the arbitrariness of rules regarding the number of children one is allowed to care for.* Included in the count are their own children, who often provide additional physical care and social learning experience for the FDC children. Such rules penalize care-givers, particularly those who are in financial need. One FDCM reflected the perceptions of lower socio-economic groups in the community:

*That word "poor" has a lot to do with homes not being licensed...I know a lot of people in Pasadena who are not licensed because the DPSS says they are too poor and can't get enough money through FDC. Licensing says you have to have other income; if your only income comes from keeping children, you're out.*

Our experience with Project FDCMs has taught us to believe in them wholeheartedly as women of high moral principles; on the other hand, we have watched the licensing game, like Welfare, teach them how to bend the rules when the rules are clearly in no one's self-interest, save that of the uncomprehending, incomprehensible System. At the same time we were aware of non-member FDCMs who committed flagrant violations of standards, with full knowledge of community agencies that were powerless--so they affirmed--in shutting down such operations.** One of the difficulties involves the tendency of natural parents to equate a licensed home with good child-rearing practices, and some FDCMs have undoubtedly taken advantage of the misconception.

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* The Department of Social Services issues three types of licenses: 1) a care-giver may have up to five children--including her own children--up to age five; two of these children may be under the age of two. 2) She may care for six children over age of two and up to age of 16, including her own children. 3) She may care for 10 children in the same age range, with a helper. Her home is then subject to the fire and health codes applied to center facilities.

**One of the most troublesome aspects of current day care licensing programs is the difficulty of applying negative legal sanctions involving non-technical violations. A license may be denied or revoked in the case of a non-vented heater, but not in the case of an FDCM who is psychologically unsound.

Like many of the most competent directors of group center care facilities, the most effective FDCMs had learned coping strategies to deal with "difficult" licensing workers, although visits apparently occurred with such rarity that the problem was not acute. A greater problem was finding one when you needed one. Ms. Green recounted her experience in attempting to reach her consultant:

> *Ms. Green: I called Mr. B. but I never saw him. By the time he he got around to me, "he" was a woman--he'd been transferred! They say they are on your side, but why they say that, I don't know. It sounds like we have a battle going on!*
>
> *Staff: If they're on your side, who's on the other side?*
>
> *Ms. Haas: I don't know--every time I call, they're out!*
>
> *Ms. Green: We're more concerned about the rules than they are. My worker asked me to take a four-year-old and a baby, and I said, "Well, not until I get my new license!"*

Rapid turnover of workers appears to be a widespread phenomenon in all day care licensing, a situation that weakens stability and reduces program effectiveness. Licensing workers traditionally tend to be low woman--occasionally man--on the social worker totem pole. In FDC, the problem is heightened by the marginality of position in the official administrative structure, The result is a now-you-see-it now-you-don't game in which no one seems to know the rules:

> *Staff: What sort of things do the social workers do when they come to visit?*
>
> *Ms. Green: They make a tour through your house, and they go into the yard. They look at all the children and all the forms you have for them. That's what I don't understand; you could have more children than are there on the forms.*
>
> *Ms. Ward: You could put them in the closet. (Laughter)*
>
> *Staff: Do they look in the closets?*
>
> *Ms. Duffy: Yes, they do.*
>
> *Ms. Ward: What nerve!*
>
> *Ms. Wood: She had looked all through my house and approved it. It's a ranch house with a large yard. I had to make a plan to be submitted.*

*Ms. Green:* When was this? I haven't had to do that.

*Ms. Wood:* This year.

*Ms. Green:* Oh, maybe this year they have changed.

*Staff:* Does it depend on who does it?

*Ms. Green:* When you have the same worker over and over, it makes it easier. When we first did it, my daughter was three years old. We had a worker from the Pasadena Department of Welfare and she came for five years. She would sit down and chit-chat with me, and say, "How's everything?" She knew all the children. But, in recent years, each time there is a new worker, and each time the grand tour is made. Each one has a different way.

A student was present in one Project FDC home when the day care consultant came. Her reaction:

*Ms. Perez had said that the day care consultant was coming so when a lovely young lady came up the walk and smiled brightly at the children, I deduced that it was she. I was sort of curious to know how consultants from DPSS do their work, but I waited for a while before going back into the house. I asked Ms. Perez if I could sit in, and I think she thought it was a good educational experience for me, as she said afterward, "It was a quiet morning, but you got to hear what a day care consultant sounds like."*

*The more I think about it, the more insane it is to have such people going around asking questions and supposedly making suggestions and helping a FDCM find support systems in the community. Hell, you can only know what the problems--and joys--are of anything if you're there. I felt sorry for the lady because I'm sure she didn't know enough to ask questions more intelligent than the ones she did. She praised Ms. Perez, who really is praiseworthy, for her emphasis on self-directed learning, but she really took it to mean an educational approach and asked if she didn't think kids would be bored in kindergarten if "prepared" this way. Ms. Perez just sort of passed over that question and talked about how important she thought it was that kids do things on their own.*

*It might be different if DPSS could really offer something that would help mothers where they are--other than the in-process arrangements with toy retailers for discounts which the consultant mentioned--but as Ms. Perez said afterward, they never send her any information, any new discussions about children or child development, or anything. I don't know, maybe this is an elitist attitude--it's obvious that DPSS is trying to do a lot of things with too few people--I just question whether they need to reevaluate and be more realistic about priorities and effectiveness; but it seems government agencies don't dare reevaluate*

*lest they crumble all to pieces.*

*But one of the really big things the Project has done, as I see it, is to put FDC mothers in contact with each other--a much more effective thing if it's consulting you're talking about! It seems really strange to me to think that FDCMs are responsible to an agency that is entirely removed from anything they're doing. Ms. Perez sort of said that, but still she has also talked about feeling it is important to be licensed--that is, law-abiding.*

Perhaps because of staffing problems, enforcement of standards in Pasadena tends to be more laissez-faire than the rigid application reported in other areas. Because tangible environment features are most visible and easy to regulate, licensing often focuses on the physical plant, particularly such items as kitchen facilities. The Southeastern Day Care Project (Galambos, 1971, p. 5) reports:

*In one situation, the local official refuses to approve homes located in a cement block housing project because it has only two, rather than three, exits from the first floor. Another state, required kitchen equipment that would not be practical in a small home.*

Such unrealistic standards often derive from gross lack of knowledge about the nature of quality child care in general--and FDC specifically:

*In some communities, FDC is viewed as an intrusion of business into the community. Ironically, some of the same areas may permit foster care because the child remains in the home on a 24-hour basis and is considered part of the family.*

In some ways Pasadena's laissez-faire approach may be more effective in facilitating good environments by providing the flexibility quality care demands, rather than unrealistic standards, which only serve as harassment.

The consensus among licensed Project members was that some form of licensing is necessary as a protection for children and parents, but that in its present state it is accomplishing very little. We asked Ms. Duffy for her evaluation:

*Staff: Has licensing been helpful to you?*

*Ms. Duffy: No.*

*Staff: What do you think could be done to make it more effective?*

*Ms. Duffy: I'm in favor of licensing--don't get me wrong--but there are some rules and regulations I'd like to see changed.*

*I'm not concerned about the house--physical things--these are what the rules are for now. I'm concerned about the type of person who is in charge of my child. I want someone who is understanding...I don't want my children to be undisciplined, but I want someone who understands why that child says "no" when he says "no."**

Many of the FDCMs see their own WATCH organization** as a means of providing the educational input and quality control that licensing and consulting functions are presently unable to achieve. From comments of Project FDCMs, there was no comparison between the value of discussing child-oriented methods of care with professional consultants and a yearly visit from a stranger who might, or might not, be knowledgeable in good child-rearing practices.

Our initial plan to work with the Department of Social Services on the recruiting and licensing of FDC homes (we would recruit, they would red-tag those homes for immediate processing) did not succeed, in part because of our inability to find licensable homes in the target area and also as a result of internal upheavals within the Department. (As one official noted, "You learn to live with fracturing in a bureaucracy.") Unable to learn the rules of the game, and unwilling, if we could have done so, to play, we turned our attention to providing FDCMs with as many of the services as possible which the beleaguered department had been attempting to provide, with emphasis on the building of an effective referral service. We have become very aware of the needs the Day Care and Child Development Council of America recently pointed out: (Basic Facts About Licensing of Day Care, 1970, p. 5)

*In many states the time has come for the community to join with the licensing authority to examine and evaluate the effectiveness of current licensing requirements and standards.*

---

* Ms. Duffy feels that prospective FDCMs should be required to take child growth and development classes before they are licensed.

** The organization founded by the Project FDCMs. See Chapter 10.

*There are many problems and issues that need to be explored:*

1) *Are licensing requirements appropriate for children they are designed to serve?*
2) *Is there adequate consultant help so that quality programs can be initiated and maintained?*
3) *Is there a mechanism for progressive up-grading of programs?*
4) *Does the community provide resources for up-grading of programs?*

*These questions must be considered carefully. Priorities must be established so that regulation and supervision of child care services begin to be responsive to need.*

We have added the underlining to the word community to emphazize the importance of including care-givers and users in this evaluation. Dr. Ann DeHuff Peters and Elizabeth Prescott summarized the basic issues and problems at the FDC--West Conference: (Sale, 1972, III, pp. 26-27)

*Peters: Let's talk a little about these question of standards, because I also have very, very strong convictions about this. As many of you know, I've been very involved in this whole question of model code for day care licensing and I think what we have done in this country is typical of the way we approach many things--that it has been an "add-on" process instead of an up-dating, a review and a community participation process. Gradually, over the years, we have removed community responsibility and replaced it with state responsibility and now we are trying to replace it with federal responsibility. It has gone farther away from the people who are actually involved in the process....*

*We have to get back to the community and get these people in a given community, whether it is a small section of a big city, or a rural area, or whatever, get them involved in the whole process of guidelines. I'd rather call them guidelines than standards, because Standards--with a capital "S"--is becoming another dirty word. We have to think what is involved; and we need to involve everybody that we can drag in by the coat tails.*

*But we have to get the kind of communication reestablished which we have lost somewhere along the line; and in the model code section that we were working on (Health and Sanitation), we have stressed the need to simplify, to throw out the anachronistic aspects of our present laws and regulations, to involve everybody from families, day care parents, physicians, nurses--anybody who is interested--businessmen, since this does involve them.*

*Prescott: I'm convinced that the kinds of legal structures which we set up in the long run really do make a difference. We keep on doing this piecemeal, adding a standard there and overlooking the fact that there is not staff to enforce it. It seems to me*

*that if we are ever to deal with child advocacy, we've got to stop behaving like this.*

The director of our Project in her log proposed a concrete solution:

*The answer to the licensing problem is a difficult one. A better alternative should be offered than what we presently have. I believe that minimal safety standards ( a TB exam for FDCMs and a safety home check) by an agency other than DPSS would be one improvement.*

*However, by far, the most importamt program needed is one of community education on quality child care. If parents knew what good developmental practices were, they would choose the best for their children. In the long run they are the most effective licensors. I think the only way to stop poor child care is for parents to refuse to utilize those services. Let's put some money into helping parents with their decisions.*

*The most important contribution to quality may be found in developing more self-help organizations like WATCH. This type of organganization could serve as an accrediting group and raise standards within their peer group--much as doctors and lawyers do.*

CHAPTER 7

# COST ISSUES--CATCH 22

*"There was only one catch and that was Catch-22, which specified that a concern for one's own safety in the face of dangers that were real and immediate was the process of a rational mind. Orr was crazy and could be grounded. All he had to do was ask; and as soon as he did, he would no longer be crazy and would have to fly some more missions. Orr would be crazy to fly more missions and sane if he didn't, but if he was sane he had to fly them. If he flew them he was crazy and didn't have to; if he didn't want to he was sane and had to.*

*--Catch-22 (Heller, 1955, p. 47)*

Does it help to know that the average hourly pay (after expenses) received by FDCMs in our Project is 72¢? Or that the average weekly fee received per child is $15.11? These low figures might lead to the conclusion that FDC is inexpensive and/or that it is of low quality. Neither of these conclusions is correct: indeed, our studies show the opposite is true.

A simulation game* could be composed that might explain these conflicting statements. For example: Picture a group representing PARENTS who have child-care costs that must be met and budgeted, along with the multitude of other needs that are necessary for everyday living. Another group would be representing DAY CARE MOTHERS, who would like to provide child-care service at a fee that will

* A simulation game is a teaching tool for understanding social processes in which participants become part of a group with goals to achieve who come into conflict in the game with other groups with different goals. Learning takes place by analogy, logic, and subjective experience.

give them some reasonable income and not assume that their rewards will be limited to satisfying personal needs of being with children, staying at home, and serving the community. Then add a group who represent those who are ADVOCATES for children and their families and are determined that the very best "developmental" and "professional" services be offered in child care.

The observer of such a simulation game,which might be titled "The Cost-Quality Game" (or "How Do We Value Our Children?"), would no doubt find that the issues of cost and quality would be difficult to untangle, let alone define. It becomes apparent that his game will be long played when the observer finds that the rules of the game include the following:

--That it is up to PARENTS to make decisions about the placement of children in care (and they would tend to want the best for the least cost).

--That DAY CARE MOTHERS are a group--yet diverse in opinions, fees charged, and services offered.

--That ADVOCATES cannot agree on what "developmental" care is, on what "quality care" should be, but they do agree that personnel in child care should not be exploited with low-paying jobs.

Instructions for the players in such a simulation would include a warning: low cost (i.e., 72¢ an hour to DAY CARE MOTHERS) does not necessarily mean poor care: low cost does mean that we do not place enough value on those who care for children. This game is being played in real life in every corner of the United States in some form or other, and we hope that the figures we present--given by 25 FDCMs in our Project--will help to clear rather than confuse the already muddied waters. (See Keyserling, 1972.)

Our survey is based on personal interviews (up to three hours each) conducted in FDC homes with women who already had a trusting relationship with us. In spite of careful probing, we believe that our figures are only part of the total picture. Why? Because the FDCMs, as a group, do not keep accurate records: because we know of instances where the women reported expenses we consider low: because the two interviews we considered most realistic ( one including the

CPA husband) revealed the highest expenses.

Our staff dealt with the matter of costs in a very careful manner. We had discussed costs in one Center meeting and became painfully aware of the variety of services offered by one FDCM who never considered them as a cost item--after all, going on a trip was "just a family outing" (the cost of admission to a petting zoo, snacks purchased, plus the cost of gasoline, use of the car, the need for an extra car seat were all items she had never considered before).

Discoveries such as this were painful for the staff. On the one hand, we were concerned that further inquiries might make that woman aware of extra expenses and that she might 1) charge the parents more, which they might not be able to afford, or 2) stop delivering a "developmental" service (trip to the zoo). On the other hand, we were appalled at the low pay received by the women, and our women's-lib selves were angered at the exploitation by society of women whose services were beyond monetary calculation. Of course, once we examined the situation of the FDC users, we could immediately empathize with those of us who have to stretch the dollar that seems to be shrinking before our eyes. We also knew (and this in no way justifies the low pay) that most FDCMs were not in this for money alone. Their pleasures and needs are met by performing these child care services; it would be difficult to put a money value on this type of reward.

One FDCM notes:

> *Looking back at my own childhood, I don't remember learning anything; I just had fun. I guess I did obtain some skills though as I am good with my hands and sew up a dress, upholster a chair, turn out rather pleasing meals, kiss hurts--both physical and emotional--and love a husband. I can't type, hate sitting in an office filing. That is the only outside job I have ever had and it nearly drove me nuts.*

We were aware that our Project was not developed to disturb the flora and fauna by clodding about and raising issues for which we had no power to offer reasonable solutions. We felt frustrated to discover the low pay that accompanied the low self-image carried by most of the women. It might have been a

WEEKLY COSTS AND INCOME FOR 25 FDCMS

| FDCM | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. Children (May 1972-Total 129) | 2 | 6 | 7 | 4 | 5 | 7 | 2 | 8 | 6 | 9 | 6 | 9 | 3 |
| Part Time (Under 6 hrs/day) | | 1 | 2 | | | 1 | | 3 | 1 | 1 | 3 | 4 | |
| No. Infants Under 2 Yrs. | 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 3 | | 1 | 2 |
| No. Own Children/ Grandchildren Under 16 Yrs. | 3 | 1 | 2 | 1 | | | 1 | 1 | 2 | | 2 | 3 | |
| Food Costs* | $3.00 | $37.50 | $ 24.00 | $ 12.84 | $ 51.34 | $ 40.84 | $ 10.50 | $ 80.00 | $ 5.00 | $ 32.55 | $ 13.44 | $ 13.99 | |
| Utility Costs* | $ .29 | $ 3.62 | $ .93 | $ .53 | $ .82 | $ 1.69 | $ 1.17 | $ .88 | $ .35 | $ 1.07 | $ .38 | $ 2.51 | $ .70 |
| Consumable Costs* | $ .47 | $ 4.24 | $ 2.57 | $ 1.17 | $ 2.57 | $ 3.01 | $ .32 | $ 11.32 | $ .93 | $ 5.99 | $ 1.75 | $ 11.67 | $ .47 |
| Equipment Costs* | $ .48 | $ .48 | | $ .26 | $ .66 | $ 1.21 | $ .10 | $ 1.98 | $ .11 | $ 1.31 | $ .15 | $ 3.68 | $ 1.25 |
| Rental/Mortgage Payments | $8.87 | $ 9.46 | $ 5.32 | $ 9.28 | $ 3.84 | $ 7.98 | $ 9.80 | $ 2.70 | $ 7.80 | $ 12.77 | $ 5.02 | $ 9.62 | $ 5.02 |
| Extra Telephone Costs | | $ 1.42 | $ 1.34 | | | | | | | | | $ 8.98 | |
| Wear, Tear, Breakage | $ .50 | $ .96 | | $ 2.36 | $ 1.42 | $ 5.00 | $ 2.36 | $ 8.00 | $ 3.00 | $ 7.09 | $ 3.00 | $ 2.00 | |
| Trips | $ .96 | $ 5.77 | | $ .25 | $ .52 | $ 2.40 | $ .23 | $ .29 | $ 1.00 | $ 2.69 | $ .71 | | $ .27 |
| Insurance | | $ .77 | | | | $ 15.00 | | $ .15 | | | $ .15 | | |
| Bad Debts | | $ 1.92 | $ .87 | | | $ .38 | | $ 7.69 | | $ .38 | | | |
| Other Expenses** | | $ 1.34 | | | | $ 2.83 | | $ 12.00 | | | | $ 15.00 | |
| Average Expenses | $14.57 | $67.48 | $35.03 | $ 26 69 | $ 61.17 | $ 65.49 | $ 24.48 | $125.01 | $ 18.19 | $ 63.85 | $ 24.60 | $ 67.65 | $7.71 |
| Average Income | $40.00 | $107.50 | $66.00 | $ 65.00 | $ 98.00 | $137.50 | $ 52.50 | $ 90.00 | $ 73.50 | $131.00 | $ 56.50 | $115.00 | $47.00 |
| Average Net | $25.43 | $ 40.02 | $30.97 | $ 38.31 | $ 36.83 | $ 72.01 | $ 28.02 | -$(35.01) | $ 55.31 | $ 67.15 | $ 31.90 | $ 47.35 | $39.29 |
| Average Hours | 50 | 45 | 45 | 50 | 47 1/2 | 51 1/4 | 52 1/2 | 50 | 50 | 50 | 55 | 85 | 60 |
| Average Hourly Pay | $ .51 | $ .88 | $ .69 | $ .77 | $ .78 | $ 1.41 | $ .53 | -$ (.70) | $ 1.11 | $ 1.34 | $ .58 | $ .56 | $ .65 |
| Licensed | No | Yes | No | Yes | Yes | Yes | No | Yes | No | No | Yes | Yes | No |

WEEKLY COSTS AND INCOME FOR 25 FDCMS - Continued

| FDCM | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No. Children (May 1972-Total 129) | 6 | 5 | 5 | 4 | 3 | 7 | 2 | 2 | 12 | 5 | 3 | 1 |
| Part Time (Under 6 hrs/day) | 1 | 3 | 2 | | | | | 1 | 6 | | | |
| No. Infants under 2 yrs. | 1 | 2 | 1 | 2 | 3 | 3 | | 2 | 3 | 2 | 3 | |
| No. Own Children/ Grandchildren under 16 Yrs. | | 2 | 2 | 3 | 3 | 2 | 2 | 3 | 6 | 1 | 3 | 2 |
| Food Costs* | $ 13.30 | $ 23.34 | $ 17.50 | $ 4.00 | $ 10.16 | $ 16.34 | $ 9.34 | $ 10.50 | $ 92.40 | $ 1.87 | $ 3.50 | $ 2.[illegible]22 |
| Utility Costs* | $ .76 | $ .53 | $ 1.23 | $ 1.05 | $ 1.31 | $ .88 | $ .76 | $ 2.19 | $ .90 | $ .12 | $ .41 | $ .[illegible]60 |
| Consumable Costs* | $ 1.79 | $ 4.43 | $ 5.60 | $ 1.14 | $ 6.59 | $ 2.31 | $ .58 | $ .99 | $ 2.10 | $ .49 | $ .53 | $ 2.[illegible]38 |
| Equipment Costs* | $ .76 | $ .31 | $ 2.42 | $ .72 | $ .42 | $ 1.24 | $ .10 | | $ 1.16 | | | $ .[illegible]13 |
| Rental/Mortgage Payments | $ 5.14 | $ 10.92 | $ 9.34 | $ 7.09 | $ 5.61 | $ 9.76 | $ 3.66 | $ 13.10 | $ 8.46 | $ 6.50 | $ 5.85 | $ 7.9[illegible]8 |
| Extra Telephone Costs | | | $ 1.18 | | $ 4.73 | $ 1.18 | | $ 1.89 | | | | $ 1.4[illegible]2 |
| Wear, Tear, Breakage | $ 1.65 | $ 2.00 | $ .19 | $ .69 | | | | | $ 9.00 | | $ .10 | $ .5[illegible]0 |
| Trips | $ 1.19 | $ .96 | $ 1.21 | $ .38 | | $ 1.17 | | $ .23 | $ 2.02 | $ .25 | $ .71 | $ .0[illegible]6 |
| Insurance | $ .69 | | $ .15 | $ 1.15 | | | | | $ .15 | | | |
| Bad Debts | $ .38 | $ 1.25 | | | | $ .98 | $ 1.73 | | $ 1.54 | | | |
| Other Expenses** | | | | $ 9.45 | | | | | | | $ 1.42 | |
| Average Expenses | $ 25.66 | $ 43.74 | $ 38.82 | $25.67 | $ 28.82 | $ 33.86 | $ 16.17 | $ 28.90 | $117.73 | $9.23 | $12.52 | $16.[illegible]19 |
| Average Income | $118.50 | $ 60.00 | $100.00 | $80.00 | $ 60.00 | $127.25 | $ 22.50 | $ 25.00 | $106.50 | $85.00 | $60.00 | $25.[illegible]00 |
| Average Net | $ 92.84 | $ 16.26 | $ 61.18 | $54.33 | $ 31.18 | $ 93.39 | $ 6.33 | -$ (3.90) | -$(11.23) | $75.77 | $47.48 | $ 8.[illegible]81 |
| Average Hours | 53 3/4 | 45 | 53 3/4 | 52 1/2 | 52 1/2 | 52 1/2 | 50 | 55 | 58 3/4 | 52 1/2 | 55 | 47 1[illegible]/2 |
| Average Hourly Pay | $ 1.73 | $ .36 | $ 1.14 | $ 1.03 | $ .59 | $ 1.78 | $ .13 | -$(.07) | -$(.19) | $ 1.44 | $ .86 | $ .[illegible]19 |
| Licensed | Yes | No | Yes | Yes | Yes | Yes | No | Yes | Yes | No | No | Ye[illegible]s |

* As defined in Southeastern Survey (Galambos & Smith, 1971)

** Such things as advertising, house cleaning, back-up child care help.

tempting organizational issue to rally the FDC women around: but there is no ready solution to the problem in the here-and-now of Pasadena.

After examining our past experience, we developed a cost questionnaire (see Appendix B) and then did some matchmaking decisions as to which staff member should visit each FDCM so that the information was obtained in the most relaxed and accurate manner. Three of us (Davis, Torres, and Sale) visited the 25 women and the tables on pages 70 and 71 are the result of our interviews.

In reviewing the literature on costs of FDC, we found that the Southeastern survey on fees and costs of FDCMs (Galambos and Smith, 1972)* was the most like ours. It was taken from the point of view of an existing, informal FDC network and reflects costs from the inside out. The excellent review of costs by MEEP** (Rowe, 1972) which includes the Abt (1971), the Westat (1971), and the U.S. Children's Bureau and Day Care and Child Developmental Council of America (1968) surveys on costs appear to look at the issues from the outside in. Both approaches are necessary, but the former examines costs as they are; the later as they perhaps should be. Before comparing our findings with these others, we feel a few statements are necessary.

--Averaging and amortizing the figures makes the picture dull and obscures the sharp diversity and the quality of services offered among FDCMs.

--The costs do not reflect the Project's role, but rather examine the informal network apart from us. We realize that we may have raised expense figures by developing the awareness of the women in many areas, such as nutrition, equipment, classes, et cetera.

When we compared our survey with Southeastern's, several differences became clear:

--Our Project staff had an established relationship with FDCMs and did not have the problem of entry described by Galambos and Smith (1972, p.2)

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*The Southeastern Day Care Project is a three-year demonstration of a variety of day care models carried on in eight states in the Southeast.

**Massachusetts Early Education Project (MEEP) was an excellent and complete survey of day care needs, problems, and solutions in the state of Massachusetts.

COMPARISON OF SOUTHEASTERN DAY CARE PROJECT AND CFDC PROJECT

| | SDCP | CFDCP |
|---|---|---|
| Avg. children cared for by FDCM not her own | 2.8 | 5.16 |
| Avg. daily hours FDCM is occupied in care of children not her own | 8.19 | 10.56 |
| Avg. daily hours per child in day care | 7.83 | 7.62 |
| Avg. weekly fees per child | $16.31 | $15.11 |
| Avg. weekly fees per FDCM | 45.60 | 77.97 |
| Avg. weekly expenses: | | |
| Food per home | 7.64 | 21.20 |
| Food per child | 2.73 | 4.11* |
| Utilities | 2.64 | 1.02 |
| Consumable expenditures | .37 | 3.02 |
| Equipment expenditures | .35 | .77 |
| Use of home (rent, mortgage, taxes) and other expenses (such as trips, insurance, bad debts, etc. | (not estimated) | 13.83 |
| Total weekly expenses | 11.00 | 39.84 |
| Avg. weekly expenses per child | 3.93 | 7.72 |
| Avg. weekly net earning | 34.60 | 38.14 |
| Avg. gross hourly rate | 1.11 | 1.48 |
| Avg. net hourly rate | .84 | .72 |

*Not all of the children are provided with food by the FDCM. For example, parents supply formula or milk for most infants, some part-time children are provided with snacks only; et cetera.

--Only three of the women in our group had no previous experience before becoming involved with CFDC Project and all of them had a minimum of eight months of work by the time we discussed costs with them. The Southeastern survey interviewed women who had advertised in the paper and might not have had the experience needed to make accurate estimates.

--We have included the average weekly cost of the home or facility in estimating the cost factor. We discussed this with our local Internal Revenue representative, who reported that if the home was used as a business, the cost of rent or mortgage payments and taxes could be considered a legitimate expense. He suggested a formula of estimating the number of rooms used over the total number of rooms in the house in order to establish a percentage figure. For example: Ms. Brooks has a six room house (living-room, kitchen, three bedrooms, bathroom) and she uses all rooms but her own bedroom for the children, she could theorectically write-off 5/6 or 83% of her home payments. We took a more conservative figure of 25% of the cost despite our experience that the majority of FDC homes give full run of the house and those that don't usually reserve the living room and one bedroom as off limits. However, the rooms are not used constantly and a good deal of outdoor play takes place in our year-round-warm climate.

We have followed the Southeastern model in determining the cost of items such as utilities (monthly bills were divided by 4.23 weeks, multiplied by .25 for the child care allocation); consumables (plus small breakable toys, paper back books, puzzles, et cetera) were considered to have a life expectancy of six months; equipment (swings, sand boxes, cribs, high chairs, wheel toys, et cetera) were considered to have a life of 104 weeks.

In addition we made allocations for telephone expenses when FDCMs reported an increase in their bill because of child care. (For example, Ms. Ward cares for two children who live in Monrovia. She estimated her phone bill had increased $8 a month since she started caring for these children. Her phone bill increased almost $30 per month after she started caring for children). We listed phone charges only when the FDCM was aware of an increase. However, in our discussion with the IRS representative, it was his feeling that each woman could legitmately take a percentage of the phone bill as an expense, since caring for children would require a phone.

We also listed trip expenses, wear, tear, and breakage, insurance, and bad debts as separate items.

Seven of the women did not list trip expenses. Four have no car and two were emphatic about the fact that the trips would have been taken whether or not

they had extra children with them. One woman with no car plans train trips and bus excursions as part of her program. Ten of the women have had the experience of non-payment of child care fees. They have ranged from an average of 38¢ per week to a high of $7.69 per week. Under "other expenses" we have listed such items as advertising and substitute back-up help. One FDCM has hired a woman to help her clean house once a week so that she may be more relaxed with the children and their full use of the house.

The food allotment is not accurately perceived from the averages stated: Only one FDCM in our Project serves no food. She cares for three children (two infants and one toddler) and the parents supply the food and milk. Five women who care for infants also receive most ot the food needs of the children from the parents, but they supply snacks and some milk. Therefore, the food costs of these homes are low. On the other hand, two other women who list low food costs are among those who serve the most nutritious and diversified meals. They are both planners and purchase their food from the wholesale market. The children receive meat, fruit, vegetables, and milk each day in these homes, and it is our feeling that should we have to replicate these menus in our homes, we would have to at least double the amount spent.

Low-cost insurance is available to licensed FDCMs and is reflected in the 15¢ per week figure.

Comment should be made on the three FDCMs who are operating at a loss. Two women (70¢ and 19¢ per hour losses) are operating neighborhood centers. They are known and trusted in the neighborhood and tend to charge what they think the parents can afford and often carry children for no charge. This is reflected in their high food costs ("When the children in the neighborhood are hungry you feed them") and the number of bad debts (.69 and $1.73 per week). The other FDCM operating at a loss has just moved into a new home where she has high payments on a mortgage ($13.10 weekly allocation). This amount is probably unrea-

sonable to place on her child care budget; if it were lowered, she still would not be making a lot of money, but at least would not be operating at a loss.

Another important consideration in examining these costs is the realization that the figures are based on a given time (May 1972),and were we to conduct the same survey today (July 1972) the numbers of children in care would drop drastically. FDCMs are not paid when children and their parents are on vacation, but if a FDCM should become ill she must pay for a back-up person to care for the children. Because of the flexibility of FDC, children are often brought to homes on a flexible basis. For example, several FDCMs care for the children of substitute teachers, who know of their work schedules only on the evening before or the morning they are requested. A nurse (a user of FDC) has a scedule that requires her to work every third week in the mornings and she can provide care for her baby in her own home except for that time slot. Our survey in May 1972 showed the percentage of part-time children (less than six hours per day) at 22%. It is our experience that this is a low figure. For example, Ms. Jung, often has only one full-time child and cares for a number of children of substitute teachers who come on a part-time basis.

Comparison of MEEP and CFDC Project

Several interesting points emerge from an analysis of the two budgets:

--The greatest differences are found in the earnings of the FDCMs (MEEP, $3800: CFDC, $1949) and the amounts spent for food per child. Three women in our Project do earn above $3800 net and two of these provide excellent care for the children; the other provides very little in terms of enrichment and does not serve meals just snacks. But the majority of women earn far less than $3800 and we believe this reflects the low status and value placed on day care services by society as well as low rates often charged out of compassion for those who cannot afford more for child care and reluctance among FDCMs to make money from something that gives them pleasure.
Food cost differences may reflect two approaches to the purchasing of foodstuffs. On the one hand, the individual who goes to the market (yes, with the children) pays much more than may be spent in central group buying. It also reflects individual tastes and the idiosyncratic programs of each FDCM,

COMPARISON OF TWO HOME CARE SYSTEMS' ANNUAL BUDGETS*

| | MEEP | CFDCP |
|---|---|---|
| Parent-Caretakers | $3800.00 | $1949.25 |
| Educational Consumables--$30 per child x 5 children (MEEP) and $30.68 per child x 5.16 children (CFDCP) | 150.00 | 158.31 |
| Other** @ $35 per child x 5 children (MEEP) and $35.88 per child x 5.16 children (CFDCP) | 175.00 | 158.31 |
| Foodstuffs @ $132 per child x of 5 children (MEEP) and $215 per child x 5.16 children (CFDCP) | 660.00 | 1109.40 |
| Home expense** per home | 220.00 | 339.40 |
| | 5005.00 | 3801.50 |
| Cost per child-- 5 children (MEEP) and 5.16 children (CFDCP) | 1001.00 | 736.72 |

* We have taken the liberty of breaking the MEEP budget into units of five children in order to make it comparable to ours. We are also aware of MEEP's "system" plan, which can make for a far more efficient program cost wise.

** We have included utility costs in the CFDCP figure, plus our formula of 25% of rent or mortgage and taxes for the home.

who usually has an open-refrigerator policy with those in her care (as well as with some of the parents). When Mrs. Jung bakes streudel because she knows one of the parents really likes it, this is part of her style, but it does raise the cost of food (especially when butter is used). We are aware of the need for some sort of group purchasing and are trying to achieve this through WATCH, the FDCM organization started through the Project.

--The consumable items are very close in estimate and actual practice. We have no doubt that should there be central purchasing, the FDCMs would be able to buy more for less.

--The occupancy item also shows considerable difference and the reason might be that many (15) FDCMs in our study are home owners. It is unclear where the MEEP parent-caretakers would be living and from which economic group they would be recruited.

A word should be said about administrative and support services. We are preparing a plan and budget for what we consider an appropriate support service for an existing network of FDCMs like that in our own Project. This will be completed by January 1973. Our feeling at this time is that a system of 5000 children (as in the MEEP program) would be beyond workable size, although we

recognize the efficiency factors involved. Our experience would lead us to believe that units of 100 to 125 children and 20 to 25 FDCMs would lead to more individualization of programs, FDCMs, and children in terms of administrative attention, training, and support services. This is the sub-unit size used by MEEP. We can envision a good multi-unit system with community and neighborhood approach and control, in the Pasadena-Altadena area, for example, where there are 137 licensed FDCMs and probably twice that number unlicensed. This number (411) would make a good system since there are many common problems, community resources, and other items that help or hinder such a system. But to combine this group with nearby Glendale, Monrovia, or Los Angeles would tend to maximize administrative red-tape and dilute the uniqueness of each community. True, our more localized plan might make the administrative set-up more expensive, but we believe it would be worth the difference.

Summary

Cost issues in FDC are of great concern to those who use it, to those who provide it, and to social policy makers. Quality often becomes confused with cost, and while we would like to say, "Provide more money for FDC and we can promise you better quality," we are not at all sure that would be possible. We found through our survey that some of the best care is given for very low cost, in dollars and cents. It is given by women who receive very little in monetary rewards, but must receive much in terms of self-satisfaction for the services they are making available to children, parents, and the community. The cost is high! Were we to evaluate the women who provide excellent developmental care in terms of what their fees should be, the projected cost of child care would skyrocket. For example, the above table shows what would happen if three of our Project women were to receive a net of $2.50 per hour (which is what we pay our field demonstration assistants). Add to this the price of equipment and supplies that could help to supplement the programs, plus the cost of educational

WHAT IF FDCMS WERE PAID $2.50 PER HOUR

| | FDCM A | FDCM B | FDCM C |
|---|---|---|---|
| Children in full-time care | 6 | 6 | 5 |
| Hours FDCM works per week | 51.25 | 45 | 47.50 |
| Present hourly net earnings of FDCM | $1.41 | $.88 | $.78 |
| Present annual net earnings | 3737.65 | 2059.20 | 1926.60 |
| Increase in annual net earnings if FDCM received $2.50 per hour | 2904.80 | 3790.80 | 4248.40 |
| Projected annual net earnings if FDCM received $2.50 per hour | 6662.50 | 5850.00 | 6175.00 |
| Present annual gross income | 7150.00 | 5590.00 | 5096.00 |
| Present annual cost per child | 1191.67 | 931.67 | 1019.20 |
| Increase in annual cost per child if FDCM received $2.50 per hour | 484.12 | 631.80 | 849.68 |
| Projected annual cost per child if FDCM received $2.50 per hour | 1675.79 | 1563.47 | 1868.88 |

classes for FDCMs and other community supports (working with special-needs children, contact with health services, et cetera, and the cost per child increases.

Again we may ask the question, "If more money is provided, wouldn't the quality of care improve?" We have to answer, "That depends." One FDCM stated her feelings on subsidization at our FDC West Conference (Sale, 1972):

> *I would not in fact want subsidy because I don't want to be told how to operate--I want to pick up my cues from the kids. Furthermore, the minute the milkman, the postman, my licensing case-worker or anyone walks in, every child needs everything he hasn't had for six months. I cannot carry on a decent conversation. I'm there to take care of the children, and the fewer disruptive elements I have in a child's day, the better it is for the children; therefore the better it is for me; therefore I would not want direct subsidy.*

She is not unique. What we have found is that many FDCMs are not in child care for the money. And yet they should not be giving so much of themselves without receiving more financial rewards. We have said before that the women we know

are not paper pushers and tend not to keep tidy financial records nor fill in forms happily. Our fear is that if large systems are established that involve FDCMs, we will tend to recruit those who can fill in forms and attend to the needs of the professionals at the expense of the children. One of the women in our Project who makes among the highest profits would be a likely recruit for a large system, but we are not satisfied with the quality of care she provides.

In conclusion, it is our hope that FDC may be given the financial rewards it so justly deserves. Since we are firmly in the school that believes parents should be the decision-makers about the placement of their children in child care, it would seem logical that any subsidization should go to the parents, and along with it community-wide educational programs should be mounted that speak to the issues of quality. We agree with Chapman and Lazar (1971, p. 21) when they say,

> *Good care of young children is not cheap no matter who sponsors the service or where those services are provided.*

CHAPTER 8

# SPECIAL-NEEDS CHILDREN--A PROBLEM FOR EVERYONE

*There's so little help from any caring adult for these children. They don't get it in school, in the church, or in the home... The system fails to reach out and serve the people it was created to serve...A child--a human being--reaches out for love, and gets hit--he keeps reaching out and every time he's denied. And then, defensively, he stops reaching. And in no longer looking for love, he loses the ability to love, and the ability to feel....*

*--James Mills (1972, p. 264)*

*I didn't know what love was; I was orphaned at three and I appreciate more what life means as a result. I asked myself: "What does it mean to be a mother?" and I said, "When I grow up I'm going to give my child all the love I didn't have." To be a mother means a lot; it takes more than just going to college....*

*--FDCM who cares for special-needs children*

During the Project, we have become aware of two facts: 1) FDC is often the only form of child-care that provides a place for "special needs" children--those whose physical or neurological handicaps, or merely "non-conforming" behavior, has made them social outcasts, sometimes when they are barely out of diapers, and 2) the failure of traditional social agencies and schools to provide help for these "special-needs" children has placed an enormous burden on parents and FDCMs who frequently have no one to support them in the problems they face. Proponents of child advocacy have begun to recognize that the needs of many children are not being met by regular programs:

*"Care for atypical children is so thoroughly cut off from the*

*normal stream of services that it can only lead to a hardening of the definition of atypical." (Bourne, 1971, p. 53)*

Worse still, such care is often non-existent or unavailable when it is needed most--which is usually right now. "There are no day care facilities for retarded children [who] need constant care," an Atlanta, Georgia, judge notes. (Keyserling, 1972, p. 32) In California there are such facilities but they generally 1) are expensive, 2) may not be able to meet immediate need, and 3) offer only segregated programs, and "atypical" children," as Bourne (1971, p. 53) points out, need to be brought into the mainstream of development.

We have included in the special-needs category notonly "atypical" children--those diagnosed clinically as physically and emotionally handicapped--but normal children, particularly four-year-old boys, whose behavior patterns have caused them to be labeled "bad" by teachers and parents. Many of these children already have been denied the rights and privileges of other children by social agents.* We have noted evidence of Keyserling's statement that mothers of these children feel trapped when they go looking for day care services; like the mother of one Down's Syndrome child in our Project, they dare not reveal the real problem. Some cannot face that there is a problem making it all the more difficult for the care giver and the child. "Parents often don't recognize the problem," a pediatrics nurse told us. "Sometimes they are understanding and seek help, but it's a long drawn out process. Often parents will say, 'I can't do anything with this child,' and let it go. And often, when they seek help, there is none to be had."

One-half--13 of the 26 mothers in the Project--cared for special needs children during 1971-1972. The problems were varied:

--A two-year-old with Down's Syndrome (Mongolism).

--A four-year-old, whose deafness had retarded his speech as well as his emotional development.

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* One such child was not allowed to go on a zoo trip by his public school kindergarten teacher because she was afraid he would "disrupt" the group.

--A number of neurologically-handicapped children of various ages and degrees of dysfunction.

--A two-year-old with sickle cell anemia.

--A six-year-old with glaucoma.

--A three-year-old who was recuperating from spinal mengitis.

--Several children whose physiological deformities interferred with physical development and/or were potential sources of peer rejection,

--A dozen or more active, frequently very intelligent four- and five-year-olds whose behavior patterns caused them to be ejected from nursery and elementary schools, sometimes three or four times.

Project homes that cared for these children were able to provide individualized attention in a consistent, loving, and enduring relationship with a warm mother-figure, and a small peer-group in which they did not experience the rejection they had previously met in other settings, often in their own families. We found that "retarded" labels had already been stamped on children whose behavior caused problems for adults in environment where conformity to group norms was demanded. Kohn and Rosman (1971), reporting on a study of disturbed children in group day care facilities, noted that setting up one-to-one relationships in centers proved to be difficult and often traumatizing for the child:

> *Individualized teaching sets up enormous expectations for these [angry/defiant] children. When these expectations are disappointed when the teacher needs to turn her attention away from the child, these children react severely to the disruption of the relationship."*

The researchers concluded that "acting-out children are only frustrated by the brief periods of support the day-care teacher can provide. They have expectations for a consistent, loving, caring, enduring relationship which cannot be fulfilled in a day-care setting." FDC can, and does, provide such relationships because the FDCM's role does not conflict with teaching role tasks required in center care. With the FDCM the child can learn and internalize the trustful attitudes and coping techniques that Kohn and Rosman see as essential to changing the child's view of himself and the world. Only in intense involvement in a

one-to-one relationship, they conclude, can the child's altered view of himself and his approach to the world be effected, and the necessary transference and re-education take place.

In a study of child-care workers Goocher (1971) notes that such children are confused about feeling states--their feelings toward other people and their understanding of other peoples's attitudes toward them; they are unable to decide what features of the environment to respond to, they misinterpret events, come to incorrect conclusions, and are unable to test perceptions against external reality. Helping such a child demands highly individualized attention to his competencies and ways to increase them and the willingness to stay with him through the bad days as well as the good.

The Tale of Tim

The case history of Tim illustrates the progress of one disturbed little boy in our Project, who was given the enduring, caring, sometimes anguish-producing relationship he desperately needs to cope with the world:

> *The house exploded when Timmy came running in, and I was very much aware of the same kind of behavior that others had observed as he ran from one toy to another, asked for a piece of cake and ate only three bites....*

At the beginning of the Project year, Tim was nearly four, a beautiful child with a heart-warming smile, whose grandmother felt he was retarded, whose father thought he needed discipline, and whose mother could not cope: "I can't do anything with him; he fights with all the children in the neighborhood." Tim was terrified of being hurt; a thoroughly frightened child, he fell constantly and seemed continually accident-prone:

> *He drank transmission fluid and had to have his stomach pumped; he has had any number of stitches in his hand. He fell off the fence yesterday and cut his lip with his foot--he had to have stitches, was unconscious and throwing up.*

Physically weaker than the three-year-old with whom he has established a

relationship in the FDC home, he was emotionally weak as well, particularly in terms of self-concept. His movements were spastic, "really turbulent in a way"; he could not cope with the smallest frustration and had difficulty with verbal communication. But already he has made progress in the eight months since we referred him to Mrs. Jung's care. The student who worked with him last year recalled her experiences:

> *Student: I was there the first day he came to Mrs. Jung and he didn't look like other children--there was just something in his expression. When he warmed up he came more alive. I thought there was something seriously the matter with him. He had a completely vacant expression and he stood there woodenly. When his mother left, he cried but he didn't move--he just stood there until I walked him all around the house. I couldn't believe the change--at first he couldn't say anything. I didn't know if he could talk. His mother was late for work to begin with and she really had to go.*
>
> *When we went to the Zoo last year, Tim was terrified--he falls and hurts himself so many times, and he was so fearful of being hurt. We were off by ourselves and he was frightened of so many things--the animals, the people. So I went up on one of those platforms and just held him and sang to him--he loves music--he is captivated by it, and he picks up rhythms and things.*
>
> *Staff: He really responded to your body contact?*
>
> *Student: Oh, yes, you could just feel it, I think the only reason he went with us was that Mrs. Allen (another FDCM) made him feel secure and protected in her car.*

Jean, the student assigned to Mrs. Jung's this year took Tim and other FDC children for a walk to the park the first day and observed his behavior:

> *Tim was anxious about a dump truck we saw ("Will it hurt me?") but he enjoyed the walk thoroughly. On the return trip he called me Mommy and held my hand as he rode up the hill on his tricycle.... He had such a difficult time handling any frustration at all; when his shoe was untied, when he was tired, when he didn't want to eat something, he began to whine and twist his little body, extending his fingers and moving his arms spastically. I tried to explain that if he could tell me, for example, about his shoe lace, that it would be easier to help him tie it, but I also am aware of the nature of frustration, that verbally expressing those feelings is nearly as frustrating, sometimes as the original feelings themselves.*
>
> *Back home, Tim and I were alone for a short while and we played with*

*the toy telephones. It was really interesting because at first there could be no conversation at all--just hello and then hang up. Gradually however, he began to talk and we were understanding each other. I think Tim needs all the patience and interest and real personal involvement that he can get.*

This was the beginning of a warm and stable relationship between Tim and the student, who was a particularly sensitive, perceptive, nurturant young woman. Over time, there were movements, "forward and back, in his development." Jean observed: "I question the wisdom of my intervention in the dispute between Tim and another child because I really noticed a kind of regression in Tim."

The student began to grow in her awareness of the special needs of such children and she discussed his problem with Mrs. Jung:

*Mrs. Jung said there had been a lady from Pacific Oaks at the Center Meeting and everyone had asked her questions so Mrs. Jung asked her about Tim. They had discussed his behavior and felt he needed special help, she said. I agreed. (Another time she had asked me how he is at Mothers Club and, reacting against her question, "Is he bad?" I had responded with "He does well, he's good, he likes it, he's happy, even though he does have some problems with the other children, he hits and fights some.")*

*But Thursday I was more straightforward about the conflicts and difficulties he does have relating with people. I talked to her about my sensing and observing how frightened Tim was, how I had observed this fear in his interaction with the three-year-old, the shift in leadership from the older Tim to the younger child, and his crying and cringing on Tuesday at the child's retaliation. She agreed, saying that new things, experiences, frightened him and she told me about his refusal to get on the bus and his emotional response to riding on it.*

*Last year he and another little girl who stayed with Mrs. Jung had been very close, but he and the three-year-old really play rough. She said that arrangements were being made for a meeting of the Mothers Club staff, herself, and June (the Project director) to talk more about Tim and his problems.*

Our role expanded. We had been able to place Tim in Mothers Club Nursery School, one block away, on a CFDC scholarship; at this point in time we decided to meet with its staff to provide some support for Mrs. Jung:

*Staff log: We met Mrs. Jung on the way to Mothers Club and joined the staff meeting. The subject for discussion was Tim and more of his history poured out--poor child. I saw my role as one of being an advocate for Mrs. Jung but I also ended up*

*defending Tim's mother, whom I've never met. Jane Jones (one of the teachers) and one of the students attending the meeting tended to be very down on the poor lady and showed definite hostility to Mrs. Jung. We had to point our many times that Mrs. Jung was the only person who had the guts to keep the child for long. Tim had been shifted from one place to another before his mother called us and we had suggested that she try Mrs. Jung. The other teachers were quite together (that means they agreed with me, therefore they are correct...boy, what nerve I've got). At any rate, we have the ball rolling. The two teachers most familiar with Tim and his family will make a home visit as soon as possible and make some supportive suggestions.*

Stability was particularly crucial in helping Tim learn to trust and cope with his environment. He received it through 1) the FDC arrangement, 2) the placement at Mothers Club, and 3) the initial relationship with the student. In December, Jean wrote:

*I was amazed at how clearly and well he was talking: also that he hardly drools at all any more. And the best thing that I kept noticing all day was the delight with which he greeted some things, like going to the park in the afternoon--"We are?" his voice jumping an octave. "Oh boy!" His face is just so animated when he is delighting in something. Out in the living-room, he instructed me, "Say, 'Where's Tim?' " It's his favorite game to be sought out when he is hiding in very obvious places. So today he said, "I'm hiding from you by this chair," and hid behind the armchair. It is hard to keep my own involvement high in such a game, but Tim really loves it, he loves the suspense and being found, and can do the same searching, as when he said, "Your turn" and searched high and low, although he knew I was behind the door.*

We tried to support Mrs. Jung's sense of self-worth, since she had such a difficult time coping with Tim's actions and sometimes had difficulty in avoiding negative expectations regarding his behavior. At the same time, she was very affectionate with Tim, who returned her affection: "The bond between them is really strong." The student continued to work with Tim, taking the children on frequent excursions to the park. In January she noted:

*Tim greeted Billy and Bobby as warmly as me this morning. This is one area where he really seems to have grown--awareness of other people, and himself in relation; that he has effect on others, also that many of them really like him.*

We continued to attempt to secure help for Tim, who, in spite of growth in

some areas, appeared to be a troubled little boy. We arranged for him to have a series of psychological tests, with the parents' permission, and the report indicated that he did, indeed have a number of clinically-diagnosed problems. Our role was to provide as many community resources as possible: beyond that, we worked to provide support for Mrs. Jung and be her advocate in working with Mothers Club staff, to provide help with behavior problems through Center Meetings, and to give him greatly needed warmth and stability, through his relationship with the student. Through her sensitivity and caring, he grew to understand more of his own feelings and those of others--that when you hit someone, it hurts, and it can hurt the hitter as well. The student noted:

> *It's pretty awesome to discover that you have power to hurt another person and I don't think Tim's known that very long. He just seems to have grown so.*

Through the individualized attention Jean was able to provide, Tim began to explore the environment:

> *On today's trip to the park Tim was fantastic, really talking a lot. He wanted to pick up newspapers and recognized the Pasadena Union (with color pictures) as one we'd looked at after New Year's: "Remember we saw the Rose Parade?" At the park he and Jimmy, the two-year-old experimented with the water fountain. I'm sure all children--all people--love water play."*

With the three-year-old at Mrs. Jung's, Tim was able to have an ongoing relationship, one that was conflict-ridden but provided a valuable opportunity to try on the new-found role of "friend." The student worked with Mrs. Jung, encouraging her to let Tim have an active part in her frequent baking sessions.

Spring brought problems with the beginning of medication therapy for Tim. A number of times Mrs. Jung dropped into the Center and told us, shaking her head sadly, "I just can't keep him anymore." But keep him she did. Jean could see improvement in spite of continued aggressive outbursts:

> *He has become an empathetic child. He also seems much more alert than he was some months ago when he was going through a kind of transition in coping techniques. I think he really wants and needs to be held, to experience more physical closeness and reassurance.*

The field service representative, Jim, worked with Tim whenever he came to Mrs. Jung's:

> *My last delivery(of sand) of the afternoon was to Mrs. Jung. Tim was there part of the time. He stood off to one side at first, but after a couple of loads in the wheelbarrow, he quickly became involved in helping me. He got a scoop and put sand in the wheelbarrow, helped me wheel it to the back yard, and showed me just where to dump it.*

On subsequent visits the boys helped "fix" tricycles, becoming engrossed in their role of responsible helpers in "adult" work roles, using tools along with the maintenance man who involved them in his activities. Jean noted:

> *Tim was really interested in the tools, and Wednesday at Mothers Club, while he and I were rummaging in one of the drawers, we found a pipe wrench like one Jim had which Tim recognized immediately and told me about.*

Our Project worked no miracles with Tim. Our strong concern with the ethics of intervention kept our activities confined to the support of Mrs. Jung during the difficult times, particularly when a newly prescribed medication altered his personality and made him more aggressive. We endeavored, too, to support the Mothers Club staff (whose sensitivity and patience in working with Tim made it possible for him to continue in the nursery school program long after most schools would have given up) and the student, who along with Mrs. Jung, gave Tim the enduring, caring human relationship he needed to cope with a seemingly hostile, confusing world.

We are convinced that FDC has great promise as a place for special-needs children and their parents to get the support they need. But the typically isolated FDCM of existing systems rarely has adequate knowledge to handle such situations alone. And community resources are just as rarely available to help her. Even with the help we were able to provide or generate from the community. FDCMs often were on the verge of giving up on children like Tim, though we frequently got them past such bad periods. With such children, the FDCM must expend more effort and emotion, and such children greatly increase the wear and

tear on her home and equipment. Yet such children ordinarily bring her increased compensation.

The whole area of day care for special-needs children is one that deserves continued attention.

CHAPTER 9

# INTERVENTION STRATEGY--SEVERAL APPROACHES

Intervention strategies in FDC have often been based on the goal of preparing children for later school success, on the assumption that the day care home is "custodial" and that the caretaker must be taught how to enrich her program. Hess, et al., (1971, p. 274) calls this the "Deficit Model":

> *One conception of the educational problems of the low income child is that he has not had many of the experiences which confront a middle-class child during his pre-school years and which help to prepare him for successful entry into the public schools. This leads to the belief that the poor child is deprived, that his home denies him cognitive input needed for adequate growth, and that he is behind his middle-class peer in accumulating the information and skills needed for successful classroom work. Thus he is unable to deal successfully with early school tasks and finds himself getting farther and farther behind in a cumulative deficit pattern. It is obvious that a conception of this kind would lead to remediation programs for the child and to educational programs for the mothers.*

"Home visitor" programs proposed as solutions to the "deficit" theory, vary in the degree of flexibility permitted in the presentation of curriculum and materials, but nearly all represent an imposition of adult, professional, and traditional "school-oriented" approaches to learning.

Two orientations that interviewers and their critics (Labov, 1969; Baratz, 1970; Gray, 1971) are beginning to question, in light of findings of various programs are 1)the fundamentalist interpretation of deficit theory as meaning a poor cultural environment, et cetera, is deficient, that "some cultures are

better--presumably in God's eyes--than others" (Gray, 1971, p. 25) and 2) the traditional definition of professional or expert as being qualified by specialized training to be more aware of his clint's needs than his client. (Lennard and Bernstein, 1969; Argyris, 1964) Both approaches have been rejected by the CFDC Project.

In our review of programs that have provided support for FDC systems, it has become apparent that the content and process of intervention has a good deal to do with the auspices and administration of the intervenors, as well as with the program's clientele (children and their families).

These factors relate not only to programs for providing FDC services but to research in this area; much intervention research has a fairly strong service orientation and thus runs into demands and expectancies of direct service programs. Only recently have intervenors looked at the questions of underlying values on the part of the change agent, among them are such conscientious research people as Susan Gray and her colleagues, associated with the DARCEE studies at George Peabody College in Tennessee, who have been investigating in-home educational experiences of low-income black children since the early 1960s. "We failed to question the general appropriateness of the study," Gray notes (1971), "or to consider the possible harm our intervention might do to the child or his family.... We [have become] concerned about whether we were engaged in a bit of middle-class brainwashing."

The matter of underlying philosophy and basic goals, then, is critical to the analysis of the outcome of FDC projects. Frequently the unanticipated consequences of such projects is the most significant. Many training programs for AFDC* mothers have met with so many environmental constraints--i.e., housing codes, licensing laws, lack of employment slots, and instability of funding--that their

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* Aid to families with dependent children.

initial goals were not attained, but the real benefits came from the strengths of participants, and the discovery of what can be achieved through the group process.

New York FDC Career Program

The New York City Family Day Care Career Program, sponsored by the New York Department of Social Services, for example, was established to expand day care services in order to expand job and training opportunities for FDC mothers. AFDC mothers in one group were licensed as FDC mothers and were the providers of child care for the other group, who enrolled in job training or work programs. The working or training mothers' children were placed in the FDC setting chosen by Welfare agency personnel. This program (described in a movie shown at the NAEYC Convention in Minneapolis, November 1972) put a strong emphasis on training the FDC mothers to implement nursery-school-type programs within the home setting. The in-home and center training program in the New York project was of short duration because funds were limited. Nontheless, the findings listed the following benefits:

> *For mothers: growth in self-esteem: companionship; a chance to work at a minimal salary: positive contact with adults and community--a new direction in their lives.*
>
> *For children: learning experiences related to self-reliance, communication (including bi-lingual), peer-cooperation, community awareness, cross cultural appreciation, and self-image enrichment.*

Among the variety of models of FDC intervention that have sprung up in the last few years, the NY project represents one type--an administrative center with satellite FDC homes. Sponsorship tends to represent a variety of social agencies on the local, state, or national level. Problems generally seem to spring from bureaucratic administration and an unstable external political and financial system, resulting in crisis-management and "making-do," with instability of the internal system as the final outcome:

> *"[What is] remarkable is the fact that the program manages*

*to function at all with the financial restraints placed on the staff. Funds were received late; are unstable; are insufficient. Staff members at all levels work overtime and spend their own salaries." (Fitzsimmons and Rowe, 1971, p. 64)*

DARCEE

The DARCEE studies, conducted in the homes of low socio-economic natural mothers with their own children are significant for their findings that education, especially for the pre-school child can take place in many settings that otherwise might not be construed as educational: "The emphasis was on home as an educational setting and on parent as educational change-agent for the young child" (Dobecki, 1971, p. 5). A training program for FDC workers was undertaken as a result of the original studies in an attempt to utilize the educational potential of FDCMs as "effective educational change agents for the children they keep." A home visitor was used to demonstrate 1) the use of materials found in the home, 2) events that arise during household routines, and 3) commercial materials that may be used for educational stimulation of children. The DARCEE program which operates under the sponsorship of an educational institution (Peabody College, Nashville, Tenn.) emphasized training in a minimum time (15 weekly one-hour sessions).

The DARCEE studies are important because they provide a commitment for behavioral scientists to the acceptance of social responsibility for intervention when working with human beings in "areas sensitive to human welfare." During the process of numerous action research programs, DARCEE investigators came to the same conclusions we did: that the charge of the intervenor is to question his own goals and values thoroughly before he undertakes projects. Gray (1971) notes four ethical principles that FDC investigators too frequently forget:

*1) "You can't do just one thing, i.e., work with only one part of the system....When one is trying to make profound changes in a system, one must work with due regard to all aspects of the system (i.e., not only child, but FDCM and matural parent) including the relationships involved.*

*2) One cannot ethically terminate a program without making provision*

*for some type of continuation or sustaining treatment.*

*3) One must avoid the invasion of privacy. "A person can easily learn not to pry: it is not so easy to identify the line between intrusion and an appropriate interest in the concerns of the person with whom one is working." [Underlining added].*

*4) One must show respect for the dignity of the individual. "Persons with a strong middle-class bias are not always able to respect persons whose ways are different from their own."*

The last point raises the question of disparity of values between individuals, sometimes relating to culture, sometimes to generation, sometimes to socio-economic status. After more than a decade of research with "disadvantaged" mothers and children, analyzing maternal stimulation patterns and cognitive input methods, Gray comments:

> *We know next to nothing about the future of the infants with whom we work...The major empasis of an educational program for any human being might well be placed on the development of the qualities and characteristics that make learning possible.*

The DARCEE studies confirm that the FDCM plays a key role in helping a child to develop competence and control, including self/other attitudes. In addition, they caution that the interviewer who undertakes to affect that role must be very clear about whose needs are being met in the process.

Educational Day Care Consultation Program

The report of the Educational Day Care Consultation Program at the University of Michigan (1971) attributes project success to the attitude of its staff, which has sought to avoid some of the traditional role perceptions, noting that many programs fail because of the inherent attitude toward participants as inadequate and incompetent. The guidelines of the program indicate that:

> 1) The FDCM is valued as a professional with decent respect for her individual life style.
>
> 2) The major objective is training rather than exploitation of vulnerable populations.
>
> 3) It represents action research: feedback to the FDCMs is a major component.

4) There is provision of relevant training with full appreciation of individual differences.

The Project director points out, "We didn't come with any preconceived notions; in essence we asked them 'What do you need from us? How can we help you One of the stated goals was to help FDCMs do 'their own thing'; the plan was not to set up a nursery school in the home but to stimulate awareness in the FDCM of social and emotional needs of children and to assist them in creating an atmosphier which is laden with learning experiences.'"

Although its emphasis on "training" is dissimilar, the University of Michigan study represents a step closer to the CFDC Project in that it has attempted to 1) avoid the traditional social-case-work approach, 2) provide FDCMs with a sense of competence and understanding of what quality child care entails through group meetings, on a colleague basis, 3) concerned itself with developmental processes ("It is devoted to building trust as well as emphasizing the desire to be of real service"), and 4) develop inputs with respect to individual FDCMs' needs, including expressed needs. In addition, both projects are sponsored by an educational institution.* A major difference was a research component of the Michigan Project in which gains of participants were measured against those of a control group, FDCMs in the program experienced a greater increase in attitudes and behavior conducive to the growth of the child than did matched controls who participated in the Project but were not included in the program.

Portland Day Care Neighbor Service

The Portland Day Care Neighbor Service is at the other end of the continuum:

> *The Day Care Neighbor Service is a way of improving the quality and quantity of day care for children who are being cared for*

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* Joint sponsorship with the County Dept. of Social Services, however, makes the Michigan Project dissimilar to the CFDC Project in that respect and adds a controlling, potentially coercive factor.

*in the homes of non-relatives. It makes use of a social work consultant to find the key individual in each neighborhood who is already informally helping her neighbors to make day care arrangements. These may be women who want day dare for their children or want children to care for. The social work consultant assists these key individuals--called Day Care Neighbors--become active; in recruiting more and better day care givers; in matching givers and users who will be compatible and helpful to the children; and in maintaining good arrangements which otherwise might terminate. The social work consultant confines her contacts to twelve to fifteen Day Care Neighbors who in turn have contacts with fifty to sevety-five families a year. Central to the service is its focus on helping home-centered individuals who are already performing a neighborhood service to continue in their chosen natural role with a higher degree of success. (Collins and Watson, 1969, p. 1)*

This program was intent on preserving the natural system of day care behavior. The service was a part of a research project and the positive results "showed what happens with a minimum of intervention into the natural sytem of child care and with reliance on a natural neighborhood support system." (Emlen, 1972, p.42) People in the neighborhood may not have been aware of the program's existence, since the support went directly to the Day Care Neighbor. The sponsorship was a community-based organization in cooperation with the Portland State University and the clients served were all white. No instant training programs were established, but rather solid case-work support was supplied on an individual basis with the supposition that if the needs of the key person in the neighborhood could be met, a ripple effect would occur and it would spread throughout the community.

Our Own Project

After two years of rather intensive work with an existing FDC system, our Project's planned intervention and support strategies were based on principles that have grown from our sponsorship by Pacific Oaks College and have been hammered out with staff. Their rationale and philosophy were predicated on the following assumptions:

--"The act of rendering a service, an essential variable in

research, makes possible the continuity of observation and provides access to relevant data in child development which otherwise will be missed." (Solnit, 1968, p. 609) *

--Parents and FDCMs are not empty vessels waiting to be filled with the "correct" or "proper" approach to a specific subject. We believe that people generally look for and provide a child rearing environment that serves the apparent best interests of the child. These goals may be reached from a variety of approaches with people of diverse backgrounds.

--The school or center is not the only place where cognitive and/or language development may take place. We believe that the home may offer an exciting, individualized and relevant environment where a child may develop and grow in a manner that fits his or her own needs.

--Parents are able to make decisions about the child care arrangements of their children, given a choice of placements. We believe that they are the most important "others" to young children, and child care arrangement should reflect their values and ideas. Parents should be helped to know what questions they should ask in order to make the arrangement that best meets the needs of the child or children as well as those of the family unit.

--Recipes or prescriptions for human development are often handy, but seldom lasting in their usefulness. We believe that thoughtful questions and broad guidelines with varied examples that help people problem-solve on a level appropriate to their needs are apt to be permanently useful.

--There are many myths about FDC. We believe that the mystery that surrounds this natural network leads many to fear the unknown. Once it is made visible, however, it will be possible to dispel horror stories and the "custodial" label that has become associated with FDC.

--We have come to know that if change is to occur and be long-lasting, time (and lots of it) has to be provided. "Instant"

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* The Research Department of Pacific Oaks, under the direction of Elizabeth Prescott, is currently completing a comparative study of a variety of child care settings, including FDC. We believe that if we in the Project had not proved ourselves trustworthy in the FDC community, access to FDC homes might have been impossible to obtain. Other research projects (see Keyserling, 1972, Willner, 1971) have had difficulty in obtaining reliable information about FDC as a result of suspicion raised by such programs. Our staff personally called each of the 14 FDCMs visited by Prescott's staff in order to introduce them and describe the work to be accomplished. Only one FDCM refused to cooperate.

magic in the form of quickie training programs may help with the rhetoric used by the trained, and may give the professionals a feeling of "we're doing something worthwhile"; but we know that development is uneven, and ongoing support must be provided if we expect people (including ourselves) to progress from trust to generativity. Emphasis in the CFDC Project has been placed on process, rather than structure; on building step by step on the competencies FDCMs bring to the learning environment; on developing relationships in the triangular interactional context involving child, parent, and care-giver that will facilitate the creation of a network of not only child but family advocacy.

--The learning model on which Pacific Oaks' theory and CFDC action is based is psycho-maturational. It assumes the overall growth of persons--including FDCMs, students, and staff--comes from the ineracting of personal motivation and social role demands. The assumption, too, that differences are good, that conflict may be healthy, that what is needed is recognition of these points to provide for an appropriate "fit" between cultures and life styles through perceptive matchmaking.
It is often the demands of society that are at fault if growth is distorted and stunted. Our educational focus is on establishing a non-threatening (but not conflict-free) environment which will enable a person's inner competencies to unfold, with the help of a resource person. The learner must be taken where he or she is at the moment. He cannot be rushed into a more advanced stage until he is ready. Learning, readiness for group goals cannot occur until a person is socially, emotionally, cognitively ready for the next stage.

Comparison of FDC Projects

There are many similarities as well as differences between our strategies and those in the other FDC projects; that is to be expected since we are all involved in working with FDC and the assumption could be made that we all believe in its potential. It might be helpful to briefly compare the CFDC Project with others mentioned, for clarity.

One of the important aspects of the Day Care Neighbor Project was to remain invisible; it was vital in the CFDC Project to make FDC more visible. Our work was with licensed and unlicensed FDCMs of a variety of ethnic backgrounds and focused on the FDC home in providing direct supports; Portland's program worked only with the Day Care Neighbor in the matchmaking process (thereby indirectly

benefitting both users and givers of service) and only in a white neighborhood. Portland's project was primarily research-orientated; ours is a demonstration of the potential of FDC. The term "babysitter" has become taboo in our Project; it was used readily in Oregon. Both are under the auspices of an educational institution (although Portland's is co-sponsored by a community organization).

Unlike the CFDC Project, the Michigan Project works only with licensed FDCMs in conjunction with the County Department of Social Services (although the University of Michigan School of Education is co-sponsor) and is primarily a research and training program. Similarities is philosophy and approach toward FDCMs as people of worth who are providing a needed child care service have made meetings with Thelma Valenstein, its director, valuable and mind-expanding in terms of program planning. Both projects use and value the student input, although their work is different; Michigan utilizes students as consultants, while Pasadena students fulfill practicum requirements within the home where the FDCM is teacher. We have both utilized group meetings with FDCMs, as well as other services in order to enhance programs for children.

DARCEE and the CFDC Project are both sponsored by educational institutions and have assumed the stance that the home is a learning environment. Unlike the CFDC Project, DARCEE utilizes the home-visitor-as-teacher approach, works with only low income FDCMs, and has developed a 15-week training program. Our program utilized small group meetings over a period of two years in order to first determine needs and then provide them, insofar as is possible. Both are keenly aware of the responsibilities we have as intervenors into an existing system of FDC.

The New York program is the least similar to our Project in goals and methods. The objective of removing welfare mothers from AFDC rolls by providing child care with other AFDC recipients who give the care, actually establishes a new system (as opposed to working with FDCMs who have already committed themselves

to the care of children). The recruitment and training procedures (everybody learns the "Eensy Weensy Spider" at the same time in Center training programs) tends to develop a model for all, rather than individualizing according to each FDCMs needs. The similarity is found in the growth of companionship among the FDCMs as a result of the recognition of the contribution they have made to the lives of young children and their families.

We are now ready to examine the intervention strategies of the CFDC Project. The services and supports we used will be described in the following chapters.

## CHAPTER 10

# AN ORGANIZATION IS BORN

February 24, 1971, was an important date. The CFDC Project had been operating for six months and the staff had called a morning meeting at La Pintoresca Library, inviting all of the FDCMs to attend and bring the children in their care. (Pacific Oaks students provided child care.)

The meeting was a decision making one: It was renewal time for the Project and a proposal for continuation was in prospect. The staff and students felt good about the progress of the CFDC Project, but we needed affirmation or denial of this feeling from the recipients of our work. The FDCMs were invited to "level" with us, to tell us "like it is," to share ideas for new directions or tell us to move along to other vistas.

The staff had been given strong indications that the women would be in favor of another proposal for continued funding, but we were astonished at the response to our invitation. The Park surrounding La Pintoresca Library had (according to one reliable source) a minimum of 50 children--from babes-in-arms to toddlers to pre-schoolers--who used the park equipment with voices ringing and great joy.

Fourteen FDCMs out of the 21 in the Project at that time (two were unable to attend because of schedules, but sent ideas) sat in the quiet meeting room and earnestly discussed the future: Yes they wanted a continuation proposal: indeed, there were some ways we (the staff) could improve our service; and there were

some things the FDCMs wanted to do themselves, with the assistance of the staff:

> *Ms. Todd: I feel that we should get together in other situations rather than just sitting around talking.*
>
> *Ms. Weber: I'd like to have a get-together maybe once every two months--something like these discussions.*
>
> *Ms. Perez: If we had a little network to communicate with each other and talk about our problems--we all have a different way of handling a problem and maybe we could take somebody's suggestion and help each other. You know, in union there is strength.*

The gathering of FDCMs in a large group turned out to be the beginning of a fledgling FDC organization. They tried it and they liked it. The staff had been aware of the quality and quantity of relationships offered by the women, but we had the opportunity of seeing and meeting with all members in the group over a period of months. The FDCMs, however, had only met in small groups of the same four to six women once a week, each month. Many professionals may have become jaded with the experience of meeting in a larger group with others in the same role (What convention have you attended lately?"), but for the FDCMs it was unique and exhilarating.

Initial Phase

As a result of this meeting, preliminary steps were taken to develop a climate in which an organization of FDCMs could emerge:

1) In March, a roster was circulated including telephone numbers and adresses of all members of the Project, each of whom had given permission for her name to be placed on it.

2) In April, a pilot class was offered by Pacific Oaks Extension at the Project office, entitled, "How Children Learn and Grow." Six women attended.

3) In May, a zoo trip was planned and carried through by FDCMs, students, and staff.

4) In June, a pot-luck luncheon was held at Pacific Oaks, attended by 18 FDCMs with their husbands and their own children.

The summer heat and report-writing, plus a general exodus of FDCMs on vacation, made organizational progress difficult during July and August. The staff

used the time for individual home visits, helping with the toy loan, assisting with community resource connections, referrals, and planning an evening meeting of all FDCMs, which was to take place early in September.

## Theoretical Considerations

The staff had other concerns relating to an organization of FDCMs. We knew from experience that forming a new organization without an expressed need by the members would lead to failure; a new organization with a visible and trusted organizer was essential: a new organization required a good deal of time, patience, and belief on the part of its members and the organizers; and a new organization should have an immediate task to accomplish that offered almost certain success. It was the belief of one of our consultants, Warren Haggstrom,* that the ongoing support and guidance of one or more organizers was a requirement for the continuation of an organization such as we proposed.

We were aware that the Project itself has a limited life span. Our commitment to FDC and the community would not permit us to launch a new venture or service that would build hope and expectation among the FDCMs only to have the end of our funding slow and possibly halt the momentum. We had only to look at the War on Poverty to observe the graveyard of incipient organizations that died with the drying up of funds to support them. (Donovan, 1967; Miller, 1968) We knew that if an organization was to be built, it would need ongoing support after the funding of our Project stopped.

The conceptual framework upon which the organization was based and its ensuing problems is well stated by Stinchcomb (1965) when he points out that the fundamental problems in starting new organizations are to concentrate sufficient resources in the hands of leadership and to recruit, train, motivate, and organize personnel into a structure that will function more or less continuously. He

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* Professor of Social Work, UCLA School of Social Welfare, Los Angeles

further points out that people will be motivated to organize into a group for the following reasons:

1) if they find or learn about alternative ways of doing things that are not easily attained within existing social arrangements;

2) if they believe the future of the organization will offset the investment of time and effort spent in building the organization;

3) if they believe that they or some social group with which they are associated will receive some benefits from the organization;

4) if they obtain resources of legitimacy needed to build the organization.

Where no one in a new organization has experience with organizing, new roles must be learned and taught. That was true of the FDCMs, so our staff would have to assume a supportive role in defining the necessary tasks. The process of assuming new roles for the FDCMs and structuring relationships would take a good deal of time, worry, conflict, and inevitable inefficiency. The process would often be one of learning through trial and error--and might be costly if there was too much error and not enough success. A new, enduring organization relies on relationships with strangers, and new methods of utilizing existing resources would have to be developed (Stinchcomb, 1965, pp. 148-163). We knew we would have to assume a catalytic role by providing the arena for individual FDCMs to reveal their strengths, resources, and expertise.

Our tasks seemed clear: leadership had to be developed for the organization; simple projects had to be chosen and accomplished within the primary purpose of this demonstration--namely, developing methods of improving child care experiences of children, their families, and the FDCMs.

We operated from what MacGregor (1960, pp. 45-46) has called "Theory Y": the belief that it was possible to create conditions so that members of this organization might best achieve the goals they establish by directing their efforts toward the success of their enterprise. The assumptions of this theory are that:

--People will exercise self-direction and self-control in the service of objectives to which they are committed.

--Commitment to objectives is a function of the rewards associated with achievement.

--The average person learns, under proper conditions, not only to accept but to seek responsibility.

--The capacity to exercise a relatively high degree of imagination, ingenuity and creativity in the solutions of organizational problems is widely, not narrowly distributed in the population.

--Under the conditions of modern industrial life, the intellectual potentialities of the average human being are only partially utilized.

Assuming "Theory Y," the staff outlined behavior necessary for success of an enduring organization (Katz and Kahn, 1960) which included:

--Joining and staying in the organization.

--Dependable behavior; role performance in the system.

--Innovative and spontaneous behavior; performance beyond role requirements for the accomplishment of organizational functions.

Based on the knowledge of the women with whom we had worked, we believed that chances of forming an enduring organization were excellent. FDCMs had already demonstrated some sound problem-solving capacities; they were creative, and they were beginning to believe that they were "not just babysitters."

Formal, informal meetings

The initial phase consisted of bringing together the FDCMs as a group in a variety of educational and social settings. Questions were raised by staff members regarding the motivation for joining such an organization (as raised by Stinchcomb), as well as the following issues:

--Was it possible for women of such diverse racial and social backgrounds to organize into a self-help organization?

--Was it realistic to expect women who work an average of 10 hours a day to expend more energy by working in an organization?

--What form should the organization take--if, indeed it could be formed?

Answers to these questions were forthcoming.

On September 21, 1971, a night meeting was held at Pacific Oaks College* for the purpose of introducing new student Field Demonstration Assistants to the FDCMs with whom they were to work. Eight women attended.

On October 27, 1971, another evening meeting was held in the home of one of the FDCMs. Seventeen women (the total membership at that time) attended. The agenda consisted of the "whys" of an organization, and the "hows" followed. The women were a bit shy (in spite of the fact that some had known each other for a year or more). The Director of the Project chaired the meeting and her logs indicate her admiration for the FDCMs and the discomfort with her role:

> *The Wednesday evening was rough for me. It seemed that I talked the whole time, and it was difficult to get people to express themselves at the beginning of the meeting. But once the ladies got into it, we really rolled. What common sense! I have to remember that organizing is a slow process, and it will take time for the FDCMs to get to know each other. Ms. Perez made an interesting point when we began to discuss the leadership positions that would be needed for an organization: She said she would not be a good chairwoman, because she liked to stay in the background and tell others what to do. She said her husband pointed to the dust in and on the windows when she was critical of others for the way they kept house. Her point was that people had to have a chance to try out leadership positions before they were assigned the role for a long period.*

The reasons for forming the organization became clear during the course of the meeting:

--FDCMs can be helpful to each other, provided they know of each other's existence, needs, and resources.

--FDC has an image that the women felt was unfair. The "custodial" or "chained to the bedpost" view of FDC is not a true picture. FDC must get the word out to parents and the community, telling the story about the services provided in this kind of child care arrangement. This can best be done by banding together in a group, association, or organization.

--FDC can be improved and made better for children and FDCMs. This can be accomplished through informal education,

* Pacific Oaks College is located in a group of old, charming houses, surrounded by trees, plants, and children's yards. Most of the organization meetings are held in the dining room of the College, which is a comfortable, informal setting.

> discussions, and formal classes. By organizing, it would be possible to ask colleges and adult schools to offer classes, to invite speakers to meetings to discuss pressing issues, and to exchange information among the group.

The way to set up such an organization was pondered. Several ideas were discussed: The organization could assume the traditional stance of most associations with a chairman, vice-chairman, secretary, treasurer, et cetera. It might fashion itself after La Leche League (which several FDCMs had belonged to) with a leader and a librarian responsible for educational programs. This is an informal, loosely structured association. Another type of organization might be patterned after the City of Pasadena: a group of four directors, who take turns being chairman (Mayor) and in that way each share total responsibility.

After a good deal of discussion, it was decided by consensus that it would be best if four representatives (one from each of the weekly Center Meeting groups) were elected to a Board of Directors, from whose ranks each, on a rotating basis, would chair successive organizational meetings. As one of the women pointed out, the FDCMs were just beginning to know each other, and it would be difficult to make decisions about leadership without more experience with each other. In addition, the Board of Directors would include a toy loan chairman, a librarian, a secretary, and a treasurer. Another important agreement of that meeting was that if the structure didn't work out, then it could be scrapped and we could try another. The business at hand was settled: then came the food--both for eating (home-made cookies) and purchasing. The staff had agreed that group purchasing might be an excellent way of helping the organization members to work together, as well as to benefit from good food at lower-than-retail prices. One staff member prevailed upon her husband to buy crates of pumpkins (Halloween time), apples, tomatoes, and potatoes. A baby scale was borrowed from the hostess and a fun time was had by all in buying and paying for the purchases. The group purchasing concept was one the women liked and wanted to maintain.

Meetings were to be held on the second Monday of each month and it was decided that they should be held at Pacific Oaks. The staff encouraged this decision, because we felt that it contributed to the image the FDCMs wished to establish as an educational service; that it was a physical reminder that Pacific Oaks appreciated the women's services and were willing to support the group by offering a free meeting place; and further, that it was a reminder to Pacific Oaks that FDCMs were very much a part of its community.

The Board of Directors Approach

The next four meetings were crucial in the development of the organization; the chairwomen brought their own unique styles and notions to the meetings. The styles ranged from an informal, consensus approach to a formal, old-time church type where members were admonished, "Each speaker may address the body only once on each topic." One of the chairwomen found the experience so painful that she withdrew from a leadership position. It was apparent by the end of February that the organizational structure was not working. Leadership was too diffuse; rules and regulations for membership were being questioned; views on goals for the association were varied. Staff mambers were also agonizing over their role:

> *After many hours of self-flagellation regarding the organization meeting, I have rationalized the whole affair into a very positive framework which has done wonders for restoring my devastated self-esteem: by the research which was conducted (unplanned) that evening, I have contributed vital knowledge to the Project. Through my cleverly executed role of non-intervention (heretofore mistakenly perceived as dismal failure in instant decision-making and group facilitator-supporter performance), I achieved the revelation of potential trouble-spots in the growth and development of such an organization. For example:*
>
> *1) Projects such as this--and organizations such as the FDCMs[1]--tend to encourage the Peter Principle to operate, i.e., individuals with little training, personality factors (or desire) tend to be elevated to roles in which their incompetencies cannot help but surface. Could name four or five other Project staff, students, and resource people also apparently thus affected.*
>
> *2) Lots of guests at the party may mean social success but play*

*havoc with decision-making if business must be transacted and individual value sytems are affected.*

*3) Give careful attention to the agenda: What is to be presented, how, in what order, et cetera. (I like Yolanda's idea of putting agenda on the board.)*

*4) At risk of being considered a pest, leader or whoever is responsible for the task-achievement of group meeting should speak to all active participants (those presenting information, speaker, et cetera) the day before and be clear who will be there and when, what they will talk about and how long, et cetera, et cetera.*

*5) Speakers must be carefully screened and informed about where the group is at.*

*6) Had expected to see Fran M.--no Fran--but there's Katy O.--surprise! Who should have communicated with whom to let the group leader and her non-supporting support know about this development before the meeting?*

*7) At this stage of the game, committees are required to do the spade work--they'll never get any place trying to discuss all this junk in the meeting proper.*

*8) Lisa coded the inter-action at the meeting and the results are interesting--proof that the direction (by leader) and problem solving (by group), which they'll need to get off the ground were lacking.*

In response to this staff log, the director wrote:

*True--live and learn.*
*False--Peter Principle in this particular case.*
*I have no feeling that all is lost--in fact, I feel we have made big progress i.e., realization that this structure will not work in this organization (see France and Israel, if you think we have problems). Unfortunately, time is pushing us at this point and we need to do a little more "guiding" and "describing what we see." Through "discovery," we now know who the leaders are and have some notions of how to work with them. We'll call a Board of Directors meeting soon. Sorry about the pain--won't do that to you again (it wasn't planned that way).*

The staff called an executive board meeting on February 29, 1972, and reflected on what they saw happening with the group. There was a sigh of relief among the concerned FDCMs--indeed, they had begun to have ambivalent feelings about the organization and the way it was progressing. The FDCMs raised many issues that they felt had to be dealt with, including: What should the goals of the organization be? What should be the format of the meetings? Were dues necessary,

and if so, how much should be charged? What should be the name of the organization? What would the officers' jobs entail? Priorities were rearranged and as the first order of business it was decided to develop a constitution.

The executive board constituted itself a working committee and drew up with staff assistance a very simple constitution (See Appendix C) for presentation to the May 8 meeting. A variety of models were examined--everything from a complicated constitution of a large PTA to less complicated ones of smaller organizations. The staff enphasized the importance of keeping the constitution terse, simple, and direct; it could always be added to and developed with the organization's growth. The statement of goals was essential for moving forward and was easily accomplished in the writing of the constitution.

The next important step was to take a name--assume an identity. FDCMs were asked to submit names for the organization and on March 13, 1972, after a lively discussion a vote was taken. Women Attentive to Children's Happiness (WATCH) was chosen. Other names submitted were: Project Protect, Substitute Parents of Pasadena, Mama's Helpers, Proxy Parents of Pasadena, and the Day Care Mothers Guild. WATCH had been submitted by the teen-age daughter of one of the FDCMs.

By June 10, 1972, the constitution had been adopted, officers chosen, and paid membership was solicited, with membership cards ready to issue. That evening 15 members joined. With this meeting a merger took place between the CFDC Project and WATCH. The Project became a center for all WATCH members (not just FDCMs who are members of the Project) to pick up toys from the toy-loan, to drop in and discuss referrals, and to ask for information about a variety of subjects. The No-Interest Loan Fund became a part of the WATCH program and consideration for its use has become a point of interest.

Meeting Agendas

The WATCH meeting agendas included a number of guest speakers, as well as

organization business matters. It was decided by the membership that every other meeting should develop some new, educational idea:

> In November, Eva Schindler-Rainman consulted with all of the FDCMs on the question of volunteers (and a follow-up meeting was held with Mrs. Eileen Ames of the Pasadena Volunteer Bureau in January).
>
> In December, Sandra Lindsey spoke on ways of extending the effect of Sesame Street.
>
> In April, a Pasadena pediatrician, Dr. Sidney Lesall, discussed problems relating to the physical and mental health of children.
>
> In June, Elizabeth Prescott showed slides and compared open classrooms with FDC. The FDCMs invited parents of children in their care to attend and, in all, 32 people came to this meeting.

Group Purchasing

Each one of the meetings has included some group purchasing of food items. One of the students in the Project became fascinated with the whole program and has assumed the responsibility of purchasing, delivering, and parcelling out the merchandise at the meetings. This has been a mixed blessing: The women look forward to and plan for excellent quality fruit and vegetables, as well as a vaiety of cheeses for low prices: but the planning, hauling, sorting, and selling would be a burden for anyone not very enthusiastic about and dedicated to the whole experience. This service is one that would be impossible without the assistance of outside help: it would be too much to expect FDCMs to get up at 4 a.m. to go to the produce market, as well as to physically haul and divide all of the purchases. We are currently helping a committee of the organization to approach local businesses which might give a discount to members of WATCH on various items from food to toys. This will not have the impact of group purchasing at meetings, but will be a more practical way of providing goods and foods at discount prices.

Future Plans

Paula Menken* came to the June executive meeting to help Board members of WATCH determine their direction in the months to come. Funding for the CFDC Project is to stop on January 31, 1973, and with that event the Center will be closed and the staff dispersed. Many ideas have evolved as a result of this meeting and plans are now in progress to implement them. Ms. Menken helped to clarify the work that must be done in order to reach the goals of WATCH:

--Identification of priorities that can be achieved without a paid staff.

--More involvement of membership in small, rewarding, and accomplishable tasks--i.e. projects that are meaningful and concrete and can be achieved in a short time.

In addition Ms. Menken was able to help the board identify some procedures that are important and others that are not important. She pointed out that strict procedures need only be followed when it came to matters of money and of speaking for or representing the organization: that the loose, informal (sans Roberts' Rules) structure that was now being utilized was perfectly legitimate. It was important to bring in an "outside expert" (Ms. Menken) at this time, in order for the organization members to understand that their problems were those shared by many groups, and to legitimatize the procedures that have worked for the group.

Staff Concerns

The staff has played an intuitive and always available role. We have tried to act as catalysts as much as possible, while staying in the background. There have been times when we have taken a rather strong position of leadership, but have always thrown the leadership ball back to the women involve in the organization. We have tried to become the glue that keeps some uneven pieces together; but as shapes become more defined, we are hoping that the need for the adhesive will lessen.

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* Paula Menken is an instructor at UCLA Extension in Communication and Leadership Skills and has had a good deal of experience in working with organizations.

We are not fooling ourselves. We believe, with Haggstrom (1967) that there will be need for ongoing support--in this case, in the form of faculty or students from Pacific Oaks, to help the FDCMs reach the goals of WATCH. We think that this can be provided after January 1973. Pacific Oaks has made a commitment to help.

Another concern is that we see those FDCMs with the most education and highest socio-economic status within the group rising to leadership positions. Our role has been to support those women with less education but good ideas, even though they may not have the confidence to express themselves. We have assumed a clear position about our respect for people, no matter what their race, status, or educational background. For example, one FDCM confided that she was always about three sentences behind the discussions because of her language "handicap." After that, one staff member sat beside Ms. Quinn in order to help her through some of the difficult exchanges and from time to time, would say to the meeting, "Ms. Quinn has a good idea. It has to do with....You tell, it Ms. Quinn, you can explain it better than I; it's your idea." On the other hand the staff member disagreed with Ms. Smith in a private discussion dealing with a question of racial inferiority.

We originally had some concerns about the organization becoming an elitist group. Our initial fears were dispelled when the group decided that it should be open to anyone concerned with the care of children. But as the women become more sophisticated, elitism may grow within the group. There are some examples of this sort of thing happening already--the "ins" and the "outs." As these issues are brought out in the light, the women are quite responsive to keeping the organization democratic, and they are able to admit mistakes and make changes that will overcome some of the difficulties. We are hopeful that our Project model will continue to be helpful to the group; our staff has always been pretty direct in

admission of mistakes and changing direction in order to meet our stated goals. The FDCMs are amused by the fact that "professionals" admit that they are wrong, and we have noted some of the same approach develop within WATCH.

The staff does not see WATCH as an organization with great power within the total community. We do see it serving as a self-help device among FDCMs in the Pasadena area:

--WATCH can and probably already has raised the quality of child care in FDC homes by stating what the criteria should be (see the Prologue, "What is Quality Family Day Care?" at the front of this report). These are the women's words--not an outside agency's --and we see the rhetoric slowly turning to deeds. Thus, it is possible that WATCH may become a type of accrediting group among FDCMs within the community.

--WATCH can and probably already has served to make the community's image of FDC a more respected and visible one. Attendance at community meetings has paid off to the extent that when day care is mentioned, FDC is acknowledged as a developmental and legitimate form of care. The WATCH representative at the Pasadena Day Care Consortium has been asked to be a vice-president of the group.

--WATCH could, possibly, serve as a group to help other like groups in areas surrounding Pasadena. In addition, it could be very helpful in shaping future legislation. The FDCMs already have consulted with a TV producer* about the kinds of practical programming that might be produced for FDCMs.

In summary, WATCH has developed slowly and has experienced many growing pains. We have described some of the problems and solutions that seem to evolve with the birth of a new organization. To help WATCH gain support and confidence will be one of the primary functions of the staff for the coming six-month period.

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* Eliot Daley of Family Communications, Inc.

## CHAPTER 11

# COMMUNITY INVOLVEMENT--A TWO-WAY STREET

In order for a Project such as ours to function well, the community must not only be aware of our existence but must also provide support and acceptance. In our first year of operation, a good deal of staff time was spent with both groups and individuals in the community explaining who we were and what our goals were and generally attempting to be non-threatening and helpful. In our second year, having established ourselves as a trustworthy entity, we began to ask for support and recognition of FDC as a viable form of child care in the community. In order to command the respect we were asking, we knew that we had to continue or improve the service we were capable of providing. The mutual help and support took many forms and found our staff traveling across the country as well as across the city.

### In Our Own Backyard

The Pasadena Child Care Consortium, which has become a 4C Committee of Region I of Los Angeles County, is a local group composed of individuals and representatives of institutions and groups concerned with the education and welfare of children. It has functioned with the support of the United Way and is a remarkable group of conscientious, dedicated people who meet at least once a month to work toward improving the lives of children. The past year has been spent in assessing the day care needs of the Pasadena-Altadena area, and a CFDC Project

staff member has served on the Comprehensive Planning Committee, as well as on an ad hoc committee dealing with the L.A. County Department of Public Social Services' child care program funded by California Senate Bill 796.

The Consortium initially started its work in surveying child care needs and programs by examining group center programs. However, thanks in large measure to our group's efforts, its attitude was broadened to include FDC. Doris Byrd (a member of the CFDC Project and Public Relations Representative of WATCH) is now a vice-chairman of the Consortium. Under the sensitive leadership of Marge Wyatt, the new 4C Committee has accepted FDC into full partnership with other forms of day care.

Other committees within the Los Angeles area that have asked for representation from our Project, in order to have a FDC point of view, have been the Committee on Infancy and Early Childhood, the Academy of Pediatrics, District IX, Chapter 2, and the Study Group on the Mental Health Aspects of Day Care, American Orthopsychiatric Association, which presented a paper* to the annual meeting in Detroit, April 1972.

Meetings to describe our Project have been held with Pasadena School District Special Programs representatives, the Pasadena Volunteer Bureau, Mothers Club, the Pasadena Welfare Bureau (a City-sponsored agency), and the Junior League of Pasadena.

Across the Country

A number of papers and speeches dealing with FDC were prepared and delivered for the following:

--The American Public Health Association annual meeting held in Minneapolis, October 1971. (This paper, entitled "Family Day Care--Potential Child Development Service," was published in the May 1972 AJPH).

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* "The Organization of Day Care: Considerations Relating to the Mental Health of Child and Family"

--The National Association for the Education of Young Children annual meeting held in Minneapolis, November 1971.

--The San Francisco State College two-day conference entitled "Day Care: Whose Business Is It?" on October 15 and 16, 1971, in San Francisco.

--The American Orthopsychiatric Association annual meeting held in Detroit, April 1972.

--The Denver Mile-High EPDA meeting on FDC held in Denver in April 1972.

--The California Association for Childhood Education bi-annual board meeting held in Los Angeles, May 1972.

--The Child Welfare League regional meeting held in Albuquerque in May, 1972.

--Grand Rounds at Mt. Sinai Department of Psychiatry held in Los Angeles in May, 1972.

A model proposal was prepared for the Appalachian Regional Commission, based on the CFDC Project. In addition, a variety of consultations held in our office indicated the varied needs of individuals, groups, and institutions interested in day care programs:

--We met with a minister of a local church interested in providing day care service for the surrounding community. With the assistance of a Pacific Oaks student, plans were made for a survey, for an assessment of the physical set-up, and a meeting of the Parish governing board. The plans have been tabled owing to lack of funds.

--Representatives of the Model Cities Program in Honolulu, which has a FDC component, spent a day with us in problem-solving. A former student, Nancy Freyberg, has been hired as a program manager of the home-based project.

--California Institute of Technology parents and faculty members, interested in developing day care on their campus, have conferred with us frequently. We have been helping with referrals into existing FDC homes until their center opens in September 1972.

--Charlotte Hebner, a representative of the Denver Medical Center interested in a combined center-FDC satellite program, spent a day with us. We have corresponded and we understand that the medical complex has just received funding for their proposal.

--The manager of a South Central Industrial Complex consulted with us on possible initiation of a mixed model (center plus FDC) day care program.

--A representative of the Permanente Foundation (Oakland, Ca.) discussed a mixed model day care program that might be established in their Walnut Creek hospital for employees and patients.

--Two former Pacific Oaks students (one in Northern California, the other in Montana) visited to discuss ways and means of starting a FDC system in their communities.

Other visitors included Bettye Caldwell of the University of Arkansas, who talked with the staff and visited a FDC home, and Ted Taylor, Director of the Child Development and Day Care Council of America, Washington, D.C., who came to our Center to discuss day care with staff and students.

We explored new ideas related to FDC and television with Eliot Daley, of Family Communications, Inc. (Mister Rogers). He wrote to us on January 19, 1972:

> *The needs and insights voiced by the mothers in your Project, and those suggested by you and the rest of the staff, have proven utterly invaluable in conceptualizing and developing our use of television on behalf of day care mothers. Without them, we would have had little chance of doing anything really worthwhile.*

Patricia Kranz of the Center for Applied Behavioral Analyses worked with us in clarifying some research models in FDC that she was preparing for an OEO proposal.

Two women from Canada (Ottawa and Toronto) compared ideas with us on a variety of FDC programs in their country.

The Legislative Community

The California Research Assembly Committee arranged for two analysts to discuss solutions to day care problems with us. Their work (which reflects some of our thinking) has been incorporated into the Moretti Bill (AB 1319) now before the California Legislature.

Our staff served as a resource in a day-long conference sponsored by the California Children's Lobby in order to revise and gather support for the Moretti Bill. As a result, FDC is an integral part of the legislation.

## The Licensing Community

Nine meetings have been held with those in the Department of Public Social Services who are responsible for FDC. These meetings have been difficult, although cordial. The DPSS turnover in personnel has been so great that it has been impossible to keep track of who is currently involved. For example, the FDC consultant in Pasadena has changed three times within an eight-month period. Each meeting has to start with the same necessary procedure of establishing a trusting relationship and explaining our program. Progress is difficult because we seldom move past the initial stages. The lack of stability within DPSS has led to low morale and a hesitancy to make a commitment for the future--after all, who knows where you may be tomorrow? Although plans were made for strengthening recruitment of homes in areas in need of FDC, little came of them. When our staff called for promised assistance, DPSS personnel had changed and the new people had no knowledge of the previous planning.

As new FDC consultants have been hired by DPSS, we have tried to be as helpful as possible in informing them of our work and experience. Three consultants have been in communication with us from Lancaster, Central Los Angeles, and Pasadena.

## Publications

A Resource Book was painstakingly compiled during the first year of the Project and made available to Project members as well as various social service agencies in Pasadena. The book, attractively color-coded, covered a variety of services available to community residents, including: crisis and emergency, service organizations, helping services, health services, education, fun and recreation, and sources for free pamphlets and booklets. The purpose of putting together the Resource Book was four-fold:

--To acquaint PCMs with the resources in their community.
--To help the students learn about the community.
--To acquaint community agencies with the Project.
--To provide a valuable public service to individuals and groups in the area.

One of the graduate students, Lupe Villeges, translated the entire Resource Book into Spanish--a major undertaking.

An agency worker told us: "This is a fantastic source reference; no one in the area has ever compiled this information in such a thorough and useful manner before. It was desperately needed in the community."

Our first-year report, I'm Not Just a Babysitter, has been requested by individuals and agencies across the United States, as well as in Europe and Asia Minor (Israel). A director of a day care consultation service wrote us:

> *I must say after working in the group care field for three years, I had begun to develop all the standard anti-family care misconceptions. Your report and some recent experiences with some very good, very small group centers are going to help my thinking a great deal. I'm going to take a whole new look at family care and ways of supporting it. I look forward to learning how in the second year the Day Care Mothers organize around things like "training," referrals, health services, etc.*

In addition, the pictorial I'm Not Just a Sitter has been requested in large numbers (over 1000 copies have been mailed so far) by groups across the country. We have been especially pleased by its acceptance in training programs. One director of a day care training project noted that this book helped improve the self-image of FDCMs.

Both of the latter publications were reviewed in the December 1971 ERIC/ECE Newsletter and the April 1972 issue of Voice for Children.

Family Day Care West - A Working Conference

From the introduction to the Conference Proceedings (1972) by the Project Director:

> *"Family Day Care West - A Working Conference" was a meeting that brought people together (representing a variety of viewpoints) to talk about family day care. Those of us working with the invisible network of family day care felt the need to compare concerns, mutual problems and ideas for solutions and future direction. Pacific Oaks College faculty members and students assumed the responsibility of the organization and implementation of the Conference; but the ideas, direction,*

*papers and enthusiasm were generated from Washington, Oregon, Northern, Central and Southern California, as well as from the mid-West (Kansas) and the East (Washington, D.C.*

Twenty-eight participants joined the CFDC Project staff and students in a two-day Conference held at Pacific Oaks on February 18 and 19, 1972. Five papers were presented:

"Family Day Care Research--A Summary and Critical Review"
by Arthur C. Emlen, Ph.D.
"Group and Family Day Care: A Comparative Assessment"
by Elizabeth Prescott
"The Public Regulation of Family Day Care: An Innovative Proposal"
by Norris E. Class, Ph.D.
"What Do Mothers and Caregivers Want in a Family Day Care Arrangement" by Betty Donoghue
"Problems and Alternative Related to Provision of Family Day Care Services" by Gloria B. Sparks

Many of the participants paid their own way and gave up the Saturday of a holiday weekend to discuss and problem-solve ways of extending and disseminating knowledge of FDC. A great deal of staff time and effort went into the preparation and implementation of the Conference and the publication of the Proceedings. This publication has been sent to all participants, a number of legislators, and others interested in quality day care.

CHAPTER 12

# FIELD DEMONSTRATION ASSISTANTS--THE STUDENTS' ROLE

A critical factor in the continuing success of the CFDC Project has been the involvement of students--the Field Demonstration Assistants--in the homes. At the end of the first year, the FDCMs had voiced unanimous approval of the students' work and urged their continuance. The year of buliding relationships based on mutual trust and respect benefitted both FDCMs and students. It raised the image of the FDCM both as a teacher-consultant and as a person performing a vital service in the community; the immediate benefit for the student was firsthand experience in child development coupled with an immeasurable "slice of life."

The Project staff agreed with the mothers. We, too, appreciated the FDCMs' contribution and were looking forward to the new group of four graduate and six undergraduate students, including the field service representative ("fix-it man"), which was a new position created this year in response to mothers' needs and a student's suggestion. One of the new graduate students was married to the "fix-it man"; the others were single, all were young (20 to 24), without experience in raising children of their own. A bi-lingual student was recruited to continue the work with Spanish-speaking mothers and, although we had encountered some difficulty in placing male FDAs in most of the homes, we welcomed the two men who applied. One wrote in his log:

> *Luke: Staff explained our roles and I met the other students. I was and am a little disappointed to see only one male*

*undergraduate--myself, though Jim will be participating in the program as maintenance person. I enjoyed and was impressed by the other students, their enthusiasm and willingness to express their ideas.*

The work consisted of practicum in a FDC home two mornings a week and an afternoon seminar at the Project Center once a week. This totaled 12 hours. (See Sale, 1971, for details.) Writing was a requirement and all who were hired were impressed with the importance of this aspect of the work. An increase in the number of FDCMs and additional work, i.e. referrals, writing, community meetings, national meetings, forming an organization, et cetera, meant that the staff could not visit homes as frequently as before. We had to rely heavily on student logs and seminars to keep us up to date as to what was happening in the homes.

The initial goals of the program were attained by the first group of FDCMs. Now it was the beginning of the second year and we could give no recipes or instructions other than the rule of non-intrusion--"Don't impose your values; observe and learn." We were very strong in our belief that the home is a good learning environment and there was much to learn from a FDCM. (It takes a long time to establish trust and we found it to be no different in this second year). An awareness that we truly respected the FDCMs' knowledge and work had slowly grown and developed into a trusting relationship.

We felt that roles this year could be more flexible according to the mothers' needs or suggestions, although the same emphasis on non-intrusion and non-imposition of values still held. The students' reactions were recorded in their logs:

*Lisa: Orientation, September 1971. We met the other students and staff--seems like an exciting group of people to work with. We talked about our situations in the FDC homes. Staff especially emphasized being sensitive to the mother's wants and needs. Don't go in like a "steamroller" with all kinds of ideas of how to help the mother. We are there to learn from them and the mothers are really being great to open their homes to us.*

*I could tell that I will have to be very conscious of the way I interact with the mother. I know that I will want to play with the children and I'll have to hold back and get to know the mother, too. I will try not to let my WASP background intrude when I'm confronted with a cultural difference that may seem offensive to me. Most important though, I want to be sensitive to how the mother is feeling toward my being there.*

*Carol: The mothers' meeting was exhilarating. It did my soul good to see people so interested in what they are doing and so full of ideas. I was impressed with the way the mothers were not told what they wanted and what was good for them. It seems like a Project where everyone involved has a chance to grow in his own individual way into an individual in his own right.*

Matchmaking

If practicum in a home was to be a meaningful and satisfying experience for both the student and the FDCM, placements had to be carefully evaluated. Matchmaking was balance; therefore, evaluation was an ongoing process. Students' racial and cultural backgrounds were considered, as were their strengths: past experience in working with children, parents, and community, and special likes or talents such as art or music. These were matched to the needs of the mothers: number of children, structured or unstructured environment, age, mobility, cultural and racial background, and any special requests they may have voiced. Staff worked as a team on placements with each member voicing pros and cons as each match was made. We matched students to mothers in great part according to our intuitive perception of which pairings would produce the most productive learning situations. We wanted to make both students and mothers comfortable, but not so much so that the relationship would be stagnant. Because we knew our students and mothers intimately, we could usually achieve effective matches--but not always. Selections occasionally were wrong and changes were inevitable, both at the beginning and throughout the year.

One such switch took place the first week of practicum. A casual conversation with a student revealed her need of a restricted diet. The home she had been

placed in was of European background and the FDCM took special pride in preparing rich food and pastries which the student was not supposed to eat. We realized our error and made a replacement before the initial visit took place.

As new FDCMs and students became members (in January, two new students joined the Project to replace two who left for reasons unrelated to the Project), we shifted pairings to maintain a balance.

The Function of the Students

The FDAs' previous experience with children had been gained from nursery school or center training. They were well based in theory and school practicum but FDC was a new and exciting way of caring for children. They had to work with infants, five to six children of wide age span, a teacher-mother with little theory but strong on "mother wit," and they had to adjust to the idea of the home as a learning environment. To say it was a challenging experience was an understatement. Students became resource persons, consultants, learners, teacher-colleagues, "mothers." They were also anxious, frustrated, fearful, lost, confident, joyous, competent, and resourceful human beings.

Roles differed from home to home and from week to week, with much depending on the relationship between each particular mother and her student. The kinds of learning experiences students could provide covered a wide spectrum and depended on situational needs. We gave them no set curriculum or list of activities to be followed. It was left to the student to decide what would be the most appropriate input, given a number of variables, including age and group dynamics of the children, the student's particular competencies, the environmental conditions--space, weather, et cetera--and, not the least important, the stage of the relationship between the students and the FDCM. Here's one incident as reflected in student and staff logs:

> *Judy: I'd done a lot of thinking about my role in this home. I wanted to try out the demonstrator role and see what I could add to the home. I sounded out Ms. Brown*

*to see if we could bake: "They'd like that."*

*I'd brought a chocolate cake mix, two eggs, and ice cream cones. The idea is to make cupcakes, using the ice cream cones as containers. We all took turns pouring in the ingredients and mixing. The bowl was passed around the table and we all counted the number of stirs per turn so that the wait was easier. Daniel surprised me. He sat very still and was very patient; he seemed to be totally involved. Not only did Ms. Brown see that the children could do it, but the older children who said Ruby was too little saw her do a good job. Willie reminded me of the oven and out came the cupcakes. They were beautiful. They resembled a melting ice cream cone.*

*Ms. Brown was thrilled to see the end product. "I'll have to make them again." I tried to stress the children's involvement and how much fun they had stirring the batter. We learned a great deal from our experiences as well.*

*Staff: Ms. Brown called me later that afternoon and raved on and on about Judy and how much she had learned from her; how much Judy likes the kids and the kids know it. She was most appreciative of having a student like Judy. Again this tells us something about the need to take time--it has taken two years to get this far with Ms. Brown--and also the need for matching the right students with the right FDCM. Judy had the tenacity to fight it out and stick it out, despite a very difficult placement.*

It took time and experience in developing workable relationships before mothers and/or students felt comfortable in the teaching role:

*Ms. Green: I think some of the students are like FDCMs. In the beginning, they don't know exactly what to do, what is expected of them. After they get experience, it's better; it's been a lot easier for me this year.*

As the year progressed, students were asked to move out of roles in which some had become fixed--the confidants, the son/daughter, or the "babysitter"--and become models for FDCMs who needed to experiment with new approaches. Two students interpreted the new direction for the group:

*Lisa: We're talking about the problem of how to interact with the mother in order to raise an alternative way of doing things so that you don't continually support things that you really don't agree with.*

*Sue: I had enjoyed the morning but was glad it was over. I was disappointed in my lack of creating in finding things for the children to do that last hour; but hope that next time I can think ahead a bit and see myself as a teacher*

*and not just a babysitter. I realize that it may take a while till I've been to each of the homes a couple of times --till I feel free to bring my own ideas. At this point I don't envy the FDCMs their job.*

Using Special Skills to Enrich the Environment

Often students provided educational input through use of their special skills--telling stories, working with paints and clay, playing musical instruments. Three of the students played the guitar and some of the most valuable learning experiences resulted from their introducing children to the instrument in unstructured music sessions. Such activities were particularly valuable for children in homes where there were not enough children or equipment to provide sufficient stimulation. Students were most effective where the mother was willing and ready to enter into a colleague fellow-learning relationship and was present in the home at the same time as the student:

*Ms. Wall: I have learned a lot from Kim, different things or ways she approached the children. I had used a different method and I've learned to use hers; I feel I'm learning as well as she's learning from me.*

*Ms. Duffy: I've learned how to read stories to little children, which I never knew before. I always used to read every word. I realize now their attention span isn't long enough.*

*I'm all enthused; Lisa has now come in on the afternoon projects.* I'm learning so many things. Of course I don't ever expect to play the guitar, but even in art and crafts--things she's doing, so many things I wouldn't have thought of doing. For instance, she would bring out a paper for finger paints clear across the table and she had eight children messing around and it turned out to be terrific. I had always used little individual sheets.*

*Lisa: I think that most important we need to be aware of how we approach the FDCM. There is a fine line between appearing confrontive and appearing interested. I feel much more comfortable talking to Ms. Duffy now than I did several weeks ago. She is less suspicious of me as a kind of "spy" who is going to report the bad things she does and more trusting and open to suggestions I might make.*

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* One afternoon a week Lisa came to Ms. Duffy's house for two hours to provide crafts and music activities for the FDC children, as well as neighbor children whom Ms. Duffy charged 25¢ each to help pay for Lisa's time.

*Seeing her and the children every week is very helpful in strengthening our relationship. I also think that because she sees me as teaching the children music or art and because she values that role, she is open to suggestions I have. I have found myself free to talk to her too about how children learn or the structure of those Thursday afternoons.*

Facilitator of an Expanded Environment

One strength of FDC which can offset the limited spatial environment of some homes is the fact that many resources of the community, as well as yards with grass and trees, are often available. (The Project homes, with one exception, were all single-family dwellings, within walking distance of parks or public school playgrounds). Students found that excursions into the community, walks in the neighborhood or to nearby parks, provided excellent opportunities for social encounters as well as mastery of the environment.*

Walks were anxious times for some students, who were used to working in closed settings such as nursery schools; even the children's yards at Pacific Oaks, with their open structure, do not provide the kinds of learning experiences for students that the Project made possible. Students learned the necessity for establishing clear expectations for children, particularly where safety measures were concerned. They learned to deal with their own value systems in discussing the teaching behaviors required to stimulate growth and development.

*Jean: We walked around the neighborhood, observing the neighbors and everyone who walked by. Sometimes it embarrassed me because I'd been taught that staring wasn't polite, but the children were fascinated by all the movement.*

Experience with Infants and Toddlers

Working with the Project offered students a rare opportunity to have direct experience with children under two. Many had no previous experience with infants or very young children; the feeling of holding a baby was universally ecstatic. Getting used to the behavior of two-year-olds was an unsettling experience

* See p. 41-2 for a good example.

for some:

> *Sara: Sometimes when I'm around children I forget how young they are. These three are all under two and yet here I was talking to them as though they were much older and could meet my expectations. Chuckie would try to put pieces of the Tinker-Toy together, and when they wouldn't stick he'd let out a blood-curdling yell. It scared me until I realized it was because he was angry--two-year-olds can really drain the mind and get you down to reality.*

Students soon became adept at diapering and feeding babies, and learned to take in stride the effects of diarrhea, upset stomachs, and babies who wanted to feed themselves but missed the target. In general, they became a great deal more understanding of the demands on mothers and of the difficulty of maintaining a rational, smiling, "authentic" relationship in the midst of the chaos which occasionally strikes even the most normal, well-ordered household.

> *Lisa: Patty started to get real fussy and Jamie was finished and wanted to get down. I couldn't figure out how the tray on the high-chair worked and couldn't get Jamie down. (I don't know how he got in it!) We tried all different ways and Jamie was getting more frantic and worried. I was trying to stay calm with Jamie whimpering and Patty crying. As I moved the chair to get a better angle, the high-chair tipped over and knocked over Jamie's chair with him in it. His leg was caught under it and for a second I was really scared that Jamie's leg was hurt.*
>
> *What a mess! Jamie was crying now, too, so I checked to see that his leg was all right (which it was), comforted him, and got him stopped crying. Then I picked up Patty and put her in the playroom in the play pen so I couldn't hear her crying. Then I worked on getting Jamie out; I was able to lift him out finally but it was a tight squeeze. With his tears stopped, I then went and got Patty and held her. After that the rest of the morning went surprisingly well. We all went outside and played until Ms. Duffy got home. When I look back now it could have been a Laurel and Hardy comedy, but at the time it wasn't funny at all.*

Because of the discussions held in the seminar and the experience they gained in the homes, the students became more comfortable with a number of other situations that were anxiety-producing in the beginning of their work in the homes. They became less idealistic and more aware of the demands real-life situations place on FDCMs:

*Sara: I heard the baby whining and I attended to him; I checked his diapers--they were dry. As I sat cooing at this beautiful baby, a moist, warm sensation filled my lap and down my legs. It had been such a long time since I'd been "wet on," it took quite a while to realize what was going on. When I did, I made a mad dash for the bedroom, holding him at arm's length. By the time I got him down on the sheet, the show was over.*

*I changed his diapers and wondered what I might do to alleviate some of the chill that was beginning to set into my lap. I had to get out of those pants and fast. I saw a couple of housecoats lying over a chair, and borrowed one until my pants dried.*

*I was cleaning off the table when I heard some peculiar sounds coming from Betty Jo. I walked over to see what was happening and saw this reddish mucous matter on the floor and on her fingers. I immediately checked her nose and mouth but there were no signs of anything. I held her by the arm gently, checked her again, and re-examined the matter on her fingertips till the mystery was solved. Would you believe it was a squashed strawberry?*

Family Social Structure

Students in the Project had an opportunity to observe family social structure in the kind of intimate detail which provided intense and invaluable learning experiences for them:

*Karen: Even though they pose a strong mother-father image in the family, I don't think they fit into stereotyped sex roles of mother and father. For example, Mr. Sato does the ironing and helps with the dishes. While Ms. Sato was changing her son's diapers, Mr. Sato came in to take the dirty one away. (That doesn't happen in lots of homes.)*

*I really don't see why I am spending so much time trying to analyze their marriage. I don't know them well enough yet and what do I know about marriage anyway? I guess I just do a lot of projecting and fantasizing because I have been having some pretty strong, ambivalent feelings about marriage in general lately, and this has been a really positive experience to observe the reality and the potential of two people's commitment to each other, themselves, their children, other people, and society. They are both very strong individuals with professional lives in different interest areas, but they have made that add to rather than weaken their marriage (and family).*

We took each need and each crisis, as it came, and attempted to meet the self-interest of all those involved. We purposely did not involve ourselves

in counseling with respect to personal problems--which for FDCMs, staff, and students ran the gamut of life's crises.

> *Kim: Tuesday, the whole family was in quite an uproar with everyone's tension levels high. Ms. Haas's mother, whom I will refer to as Grandma, is becoming senile from arteriosclerosis and is losing control of her mental faculties. At the moment Ms. Haas is looking for a retirement home for Grandma.*
>
> *As the morning went by, Grandma was unable to deal with the noise of the children. She began shouting at them to "be quiet" or "shut up." Being an outsider, I was in an uncomfortable predicament. I was to aid the children in their development, but I also had to contend with a screaming, shouting Grandma. I pretended not to hear her and asked the children to be a little quieter. Ms. Haas and Grandma went out to look at a couple of retirement homes. They returned yelling and shouting at each other. Ms. Haas was yelling about how tired she was of dealing with her mother and how she could no longer live with her and that she would commit her mother.*
>
> *With all this yelling the children were quite upset as to what was going on. Then all of a sudden Grandma stomps out of the house yelling at the little girl to get out of her way and that she was going for a walk. And Ms. Haas burst out in tears sobbing that she didn't know what to do; her brothers didn't care what happens. Ms. Haas calmed down and then Grandma returned from her brisk walk. Both women began talking objectively about the problem. Grandma's main wish was to do some inquiring into the retirement homes because it was her money and she was the one to live there. This goes into the whole idea of self-determination of an individual. Hence both decided to cooperate and work together; this lasted for 15 to 20 minutes; then the shouting began with both women retreating to their rooms.*
>
> *It was about noon and the children needed lunch so I volunteered to make lunch (peanut butter and jelly sandwiches and milk). I asked Ms. Haas if she would like me to stay the rest of the afternoon. So I stayed. The children took their naps from one to four. During the time the children were down for naps, Ms. Haas and Grandma went out to look at other retirement homes.*
>
> *Ms. Haas and Grandma returned about 3:45. Success! They found a place. Grandma went to her room to rest; and Ms. Haas decided she and Mr. Haas will be going to a show tonight. As I was about to leave, Grandma came out of her room saying that she wished to have her deposit refunded from the place they just saw. The arguing started once more.*
>
> *On Thursday morning I returned to the home of Mr. and Mrs. Haas. Grandma had run away. Ms. Haas received a phone call from a boarding home in Monrovia saying that her mother was there and quite drunk. This upset Ms. Haas to the extent that she called her lawyer so that he would intervene for her and prove that her mother is mentally incompetent.*

*So often I've heard of how elderly people are put into rest homes or sanitariums or even a retirement home. My first thought would be, "How cold could one be to their own blood?" But after seeing how elderly people do behave and when weighing priorities of human beings for their own sanity, it might be best for all parties for elderly people who are becoming senile to be put in a protective environment. Also for the development of children involved, it would be better for that particular person to be put into an environment with facilities to deal with the aged. I know what I'm saying sounds cold and inhumane, but for both parties' sanity it might be better.*

Community Involvement

As often as possible, we involved the students in our efforts to increase the interchange between the FDCMs and community and we encouraged them to visit various community agencies. The students found resources. These efforts were useful not only in finding out what resources are available but in gaining first-hand experience in the problems and rewards of dealing with such resources.

In the process of setting up a first-aid class for FDCMs, two of the students became involved in hand-to-hand combat with a community organization. They emerged victorious and learned a lesson no classroom could begin to replicate:

*Karen: The experience with the Red Cross left me knocked out....I learned a whole lot through that whole hassle, though. It was a good experience in dealing with bureaucratic institutions. I really needed to know that I could initiate some action. I had come along far enough to be able to see where I would like change and where change in an organization was needed. This was also a safe place to experiment --my job wasn't in jeopardy; neither was my student status or my reputation. The physical exhaustion and tension involved in this whole ordeal has taught me a lot about what volunteering is. It takes a lot of self-discipline to keep functioning while you are trying to expand.*

*Staff: Judy and Karen came by just as I was ready to leave. They were quite high on an encounter they had just had at the Red Cross. The people there had said that all Red Cross meetings should be conducted at their Headquarters, but when a community group like the group Karen and Judy were going to work with needed a meeting place it would not be open on Saturdays. Judy and Karen decided they must confront the Director of the Red Cross and make him live up to his promises and, though they were frightened, they went to see him. It was fascinating because Karen kept saying she watched his body language--"I watched not only what he was saying but how he was reacting, and I found*

*myself being able to say everything I wanted to say to him." (We had discussed body language at seminar the day before.)*

*Judy felt she had made some strides, too. It was really an exciting thing for them and they may have made some progress as they think they will now be able to conduct the class on Saturday at the Red Cross Headquarters.*

*Karen said something also that was very interesting. She said that in the past when she has confronted people from schools or whatever, she hasn't really been able to listen to what was said--and this time she really tried to listen to what this man had to say. Hurray for the students.*

*Judy also said she planned to write a letter of protest to the local newspaper. I pointed out to her it would be a difficult thing to protest since the Red Cross is probably going to give them what they wanted. She felt they were trying to "cool her out"--so I suggested that instead she write a letter thanking the Red Cross and informing the community that such services are available. I think this approach would probably achieve the goals Judy wanted and still not antagonize the Red Cross quite so much.*

The Resource Book was another avenue of encouraging and facilitating student awareness of the community. The comments of the students revealed it to be a very effective learning experience:

*Luke: Today was a study in frustration. I volunteered to deliver copies of the Resource Book to two of our elected representatives. I went to several offices in the County, was questioned by guards, secretaries, but neither representative was available. Returned to the Center, bowed but not beaten. No one returned my calls. Talked to the director of the Pasadena Boys Club, a delightful, warm man. Talked about FDC and the importance of a home atmosphere. He offered additional names to contact and his help in any way possible.*

*Spent hours trying to locate DPSS office. Finally found one, which turned out to be an old location, no longer used for FDC --what a dehumanizing place. Found new office, talked to licensing supervisor, who received us graciously.*

*I was really impressed with all the people I encountered at the Board of Education. This was surprising because of my previous exposure to the public education hierarchy.*

*Sara: As eager ambassadors of good will, we set forth on this particular day to introduce and ally ourselves to the Arroyo-Garfield Public School. Among the ranks were June, Maxine, Lisa and myself.*

*We were cordially received by Ms. Eastman, principal, and her community representative, Ms. Moran. Both seemed interested in*

*the Project, but with some reservations. Ms. Eastman explained that she really couldn't be extremely helpful as far as giving names of prospective FDCMs and that responsibility would be turned over to Ms. Moran.*

*However, Ms. Moran had some pretty substantial reservations of her own. She was concerned with the degree of sensitivity the Project held in regard to licensing. Her manner was obviously reluctant. Hopefully though, after the presentation of our Resource Book, which she gleefully clutched to her bosom, she will be a bit more willing to serve as a community resource for our Project.*

Seminars

The seminar meetings held at the Project Center one afternoon a week seemed a testing-ground for the students as well as the staff. Discussions were free flowing and lively and there was constant encouragement to probe, question, and seek answers to topics which ranged from, "What is my role in the home?" to discipline, crying infants, values, et cetera.

At the beginning of the year, much of the time was devoted to the clarification of values and attitudes toward goals and methods of child rearing. From the Project director's log:

*October: We started to talk about discipline and ended up talking about values, because discipline is "good" or "bad," depending on where you are, how you see it, etc. The example of whether a child should be disciplined for touching things placed on a table has to be decided on the basis of whether or not things have to be on the table. Sue will take them off; Lisa likes some things on the table--there is no right or wrong --just differences. We all come to discipline with different priorities. Several important techniques were discussed in discipline, i.e., using a voice that indicates you really mean it; holding a child so that he can feel you really mean it, etc. It was striking to suddenly become aware that none of the students have children of their own and when the subject of toilet training came up, they spoke from books, not from experience. Fascinating, since all the staff had raised children and were aware of the differences in children in toilet training.*

*November: Student meeting was interesting for me. There was a real put-down of home visitor programs but little idea of how to do it better. Much of what is discussed by students is idealistic and doesn't deal with the real world. It is difficult to acknowledge that there are folk out there who have children failing in school, in jobs, and in our particular system of life. Setting up schools that permit the teacher to do what is "authentic"*

*(for themselves) and what seems idealistically the thing to do, does not meet the needs of the poor or the institutions of which they are not a part. The damning of people who are trying to improve the lot of the poor through education (DARCEE, the Fausts, Bereiter-Engelman, etc.) is easy to do (I'm as guilty as the next), but this in no way provides the way to help. I believe in a critical approach, but I don't believe in a "holier-than-thou" approach.*

*I wonder how many of these youngsters have worked with a poor, down-and-out family. (Our FDCMs are not that group at all.) It's tough, not easy or pleasant, and the rewards are few and far between. That is why I think that if we criticize, it is incumbent upon us to come up with an alternative.*

Reading the transcript of that seminar, later in the year, one of the students became vividly aware of the attitudinal changes in the group as a result of their experiences in the Project:

*Lisa: We've done a lot of growing since then. We were all talking about how there isn't such a thing as a deficiency; we didn't want to put people down. But I feel now (six months later) we are more realistic in looking at socio-economic status, for example, than in those earlier meetings. I think our communication in the group is better. We were arguing around the point--saying the same things but not together. We can communicate better now because we know each other better. We've had our chance to express our hostility and we've settled into being aware of those things, but we're not judging so harshly.*

We devoted a seminar to the question of how much one should pick up crying babies:

*Lisa: I think the problem is that it's hard to know just by being there a couple of days during the month. You aren't able to learn what the baby's cries mean--if they really need to be picked up or should be left to cry for a little while.*

*Jean: I've been influenced by Ms. Bundy. I think I pick up babies less now than I did at the beginning of the year and I don't know whether that means I'm becoming hard-hearted.*

*Sara: Why aren't you picking them up?*

*Jean: Because more often than not if I just go over and talk to them, laugh with them, or make funny faces, or do something else, they stop.*

*Staff: As long as you're responding some way--does all crying necessarily mean pain for babies?*

*Karen: I'm not sure I go along with just discomfort; I think crying can mean other things sometimes, but that is the only way they have of communicating at that age.*

*Pat: I think you have to be sort of realistic about it. You can't pick up children all the time because that is impossible, you know. There isn't enough energy for it.*

*Staff: I think it is important to understand some of this, though; when you do go into a FDC home and you do hear kids crying, you sometimes feel like the FDCM is not with it. Maybe we ought to stop and think a little bit of exactly what is happening. How much do you think we respond to our own needs right at the moment, too, when we hear cries?*

*Jean: I don't know; sometimes it might be my own need to just go away. But sometimes I would go away for the baby's sake because I might think it was an anger toward me, but....*

*Carol: I feel like if the baby cries a lot that makes the mother nervous and tense and the baby senses it--it is a kind of circle.*

*Staff: I think the interesting part about that observation is that that is why babies often cry: they are feeling some of the tensions of the adults around them. That might be what happens when we go into a new home and into a new situation. We respond in a sort of tense way and it builds up the anxiety. Then, perhaps, as Ms. Bundy would say, they shouldn't be picked up so much.*

Students were asked to take a more positive role in their interaction in the seminar. They were given assignments: 1) to write what they would consider good licensing laws for FDC, 2) to draw up a budget for a FDC home, and 3) to plan and lead the discussion on a particular seminar.

*Staff: The student meeting was essentially chaired by Sue. Carol was supposed to have co-chaired it but she seemed to have very little investment or commitment to it. It seemed obvious that Sue had done very little preparation and Carol had done none. The discussion sort of wandered. I imagine the students feel that if they just present a paper then things magically happen; perhaps that is the illusion we have given in some of our student discussions. There is no notion of the amount of preparation which goes into these seminars.*

*Staff: The student meeting that afternoon was co-chaired by Jim and Janet. They had invited Ms. Alperin, who is in charge of protective services at DPSS; she raised some very good issues and ones which our students are really not ready to deal with. I doubt that any of them have ever come across a child who has truly been battered or truly been neglected. Their ideas of non-intervention and glamorizing parents and the poor tend to overlook what one really does when faced with the issue of a child who has been beaten or neglected.*

*I tried to raise some examples for decision-making for the students: What would you do if a child had stepped on a rusty nail*

*and the parent refused to have the child given an anti-tetanus shot for religious reasons? Would you let the child die because you would not interfere with the religious beliefs or moral beliefs of the parent? These are difficult questions--especially if you are attached to the child. I am not sure anybody really knows what they would do; yet I think one has to think about these decisions.*

In addition, resource people were invited by staff to share their viewpoints on pertinent discussions: Morrie Samuel on group organization; Eva Schindler-Rainman on volunteers; Madge Gerber on infants and their care; and Elizabeth Prescott on group and center care.

*Sara: One couldn't help but be impressed with Ms. Schindler-Rainman. Attractive, sharp, friendly, enthusiastic, and what a way with names! She had a special gift (and was no doubt quite practical) in the art of "Aristotelian inquiry." To learn, think, or discover is to ask questions. To "pull" from oneself and one's associates, rather than to lecture, is one of the surest steps toward group involvement, understanding, and spontaneity.*

*Lisa: When I went home and expounded upon the movie presented by Madge Gerber to my sister, she gave another side: the mother may not often feel like taking a long time to feed or clothe the infant, especially if she has other children. So what you really need is to be aware of both the mother's and the infant's needs.*

Evaluation of the role students played in the homes never ceased, and issues concerning changes continued to be raised all year. Staff played a supportive role in helping students move from one stage to another and tried to give students who were having difficulties changing roles some techniques for making the shift which would be open but undamaging to self-esteem. Most difficulties came because of the nature of the relationship--frequently associated with the stage in their own life-cycle which students had or had not reached.

We discussed the ethical and pragmatic considerations of the role of student as change agent:

*Staff: I think there are some needs of FDCMs but probably at the same time you need to help FDCMs realize that their children have needs also. We've got to rely on your good judgment as to where you pick and choose.*

*Maria: I feel maybe because of the contract you made with the mothers, that we were the students and we were coming in to learn how they did things; well, that seems like sort of a*

*sneaky back door entrance for us to get in there and change the way they are doing things.*

*Staff: I'm not asking you to change the way they are doing things. I'm really asking you to let them know the way you feel it should be done, to level with them.*

*Lisa: I don't think we have any power in this.*

*Staff: It's up to them as to whether they want to change or not. Ms. Reed isn't going to change the way people treat her living room and dining room because they're special places to her and she wants it that way; and Ms. Brown isn't about to change. People have different ways of doing things. So let's think about this a little bit; it's worth investigating a bit more. See if you can analyze it. It's an Eriksonian process--we've got trust going. We're moving from this step on to the next thing. Now let's move on.*

*Jean: Yeah, you really have to risk some of that relationship in order to keep it strong because otherwise it won't grow past your liking her and her liking you--you have to be honest with her, too.*

Other students found the shift considerably more difficult, sometimes painful, occasionally impossible. One pointed out, "I had been cast from the start in the role of little girl--another child to fill the empty nest." A staff member analyzed the problem:

*Staff: I had a long talk with Janet, who was upset about the way Ms. Moses behaved toward her. Janet said that Ms. Moses made a direct attempt to establish just who is in control in her home--not a student nor a child, but that she, as FDCM, is in control of everyone and everything therein. Janet and I discussed the meeting and other possible forces and circumstances surrounding and acting upon Ms. Moses, such as poor health, lack of mobiliby, and loneliness. Janet wants to know what she should do; she doesn't like the role in which she has been cast. She is the girl who comes to play with the children; provide needed transportation; a warm, sensitive companion to talk with; someone to cook for and fuss over; to teach things, like how to cook.*

With continued staff support, Janet developed more confidence and was able to express some of her feelings to Ms. Moses before the year was over. While the situation was never completely resolved, both the student and the FDCM became aware of and appreciated each other's feelings.

Staff-Student Relationship

Many professionals advocate the unrestrained use of students in day care and see this as a cheap, easy way to solve the problems and save the children. What comes out loud and clear after our two years' intensive work with students is that it isn't cheap and it isn't easy! The amount of time spent with students goes far beyond the alloted schedule and, in spite of our intentions to keep our involvement in their personal problems to a minimum, they managed to use many boxes of Kleenex and much of our time after office hours. The staff found themselves on call evenings and weekends and by necessity became deeply involved. The following staff logs convey some of the time and effort required for the needs and learning of staff and students in such a program:

> *Staff: I spent most of the day discussing with students who dropped in all day long on a one-to-one basis the things I was feeling about their work. This Wednesday could really be called "Time with Students Day" and although many, many administrative details needed attention, one needs to take a tremendous amount of time in discussing what is happening with students--especially at this time of year when pressures are starting to mount with them and they are in a position of having to make some decisions about their lives: What will they be doing this summer? Will they graduate? Should they work? Where? Et cetera.*

> *Staff: Karen and Carol came in exhausted but exhilarated over their trip to the wholesale market. They were up at 5 a.m. to go with Ms. Duffy. The market is very exciting, especially at that time. The girls purchased a box of oranges and a box of apples and wanted to buy cheese. Karen and I discussed ways of selling the produce and tossed a few suggestions around. Finally thought of sending little slips around for the FDCMs to put their requests on. During the meeting, the students could bag them and total it and as the FDCM left the meeting she could pay the total; we'll try it and see how it works. They also have to buy bags and wrap. God! Eighty pounds of cheese! Well, here's hoping!*

Staff handled situations that "aren't in the book":

> *Staff: It's interesting that last week I forgot to put in my logs the Ms. Ortiz incident, which involved one of our students. One day last week a man knocked on Carol's door, claiming that Ms. Ortiz had sent him. Carol called Ms. Ortiz who told her that this man was going to try to take his 14-year-old daughter, who was in the custody of her mother, to Mexico against the mother's will. It amounted to kidnapping. Ms. Ortiz and the*

*man wanted Carol to keep the 14-year-old at her home for a day while arrangements were being made. Carol said she would let Ms. Ortiz and the man know.*

*She called Yolanda, who nearly hit the ceiling. Of course the decision was for Carol to tell Ms. Ortiz and the man "NO!" It would have been a terrible thing to involve a student in such an incident. Yolanda went with Carol on her next day to be at Ms. Ortiz' home and they thoroughly talked out the incident. Ms. Ortiz really used poor judgment but I have the feeling that she gets involved in exciting things to relieve the boredom of her dull life. She's trying to change this and is now going to night school to become a secretary. She wants to move up the ladder--or rather what she considers up the ladder.*

*It was interesting to me to see the reaction of all of us to this incident. We were all so up on Ms. Ortiz, and now are feeling very down on her. Yet the fact remains she still does a good job of taking care of Lance and the other children in her care. This incident should in no way reflect on her so far as the care she gives youngsters. We are all human and uneven in growth and development and Ms. Ortiz happens to have some hangups, as we all do.*

The continued and intense support demanded by the students often left the staff near fatigue and caused them to occasionally question the validity of the program:

*Staff: The student meeting was a hard one for me. I know the students need to learn and talk about this, and I know they really can't "live it"; yet it drives me up the wall to sit there and see these well-fed, immature, idealistic faces discussing poverty, welfare and education. Christ! It all seems too inane. I am beyond mere exercise. Well, my attitude does nothing for the student or for me as a teacher. I should not allow myself the luxury of venting my rage on the captive students whom I like and even love on other occasions than this.*

*Staff: Student called with legal problems. We offered support and acceptance and here we are involved again (drat it!).*

Staff members tried to be realistic in our work with and expectations of students, and our thinking was often challenged:

*Jean was a great help in the Garcia situation. Janet's experience was a rough one--how do you work in a poor home with three babies and no plumbing or hot water. Jean cared for Yolanda's kids so that she could help Ms. Garcia. Who counts the hours? What learning took place for Jean and Janet?*

*I was asked recently by someone outside our Project what we hope to do by placing students out in the "real" world. Her*

*comment went something like this: "Sure, so you let the students taste the 'real' world and two years later they are in suburbia, married and have forgotten this experience." I don't know what they will learn, how much they will retain, how much they will do to work for change in the world; no guarantees in this game!*

The students sometimes commented on this issue:

*My life has changed drastically because of the Project. My values have changed. I have never valued people as I do now; I'm beginning to value the insides of people. I've had lots of jobs but never one that was so humanistically oriented--you really have an identity. Not only does the Project allow the process of becoming, it encourages it.*

*I really like the fact it's not a training program; it's an action program. We're not just preparing to do something; we're doing it. We're trying to accomplish something with each other--staff, students, FDCMs--we're in some sense colleagues in this. That's exciting.*

*The strength of the Project is that you can have an impact on it. If you're unhappy with something, the staff really pushes you to do it differently. You're asked, "What would you like to do?" There's no chance to kill the leaders!*

*This kind of experiential situation is where real learning takes place.*

And one more comment came from Marie, a student who questioned the Project's value at the beginning of the year and had intentions of leaving at midpoint. A staff member worked closely with her and by the end of the year the student said:

*That is why I appreciate and value the attitude the Community Family Day Care Project has established and worked on. Training isn't done half-heartedly and with the feeling that people can be trained to do things in a few months or half a year. It needs to be gradual and flexible. I salute the Project!*

The very nature of this work demands a commitment of staff far beyond mere classroom teaching. It would behoove those who are thinking of using this Project as a model to consider the time and effort needed to develop a quality program. It may be possible to ignore student needs under the delusion of "self-motivated learning" but if the experience is a negative one, the price is too costly and the damage irreperable. How much better a positive experience for all concerned.

CHAPTER 13

# FIELD SERVICE REPRESENTATIVE--THE "FIX-IT MAN"

By Jim Nicholie

The position of Field Service Representative was created this year at the suggestion of a former student in the Project. I was introduced to the FDCMs as someone who could help them with repairing toys and equipment, upgrading homes to meet licensing standards, or building new equipment. The FDCMs were asked to pay only the cost of materials. Although a "fix-it man" in the Project was new to the FDCMs we had no trouble getting things rolling. I came away from my first Center Meeting with six requests for work to be done. From then on, there was a steady stream of work ranging from emergencies such as a stopped up toilet or flat tire to large projects like building over-sized sandboxes. FDCMs either called into the office with jobs they needed to have done or talked to me at Center Meetings. The other students in the Project (Field Demonstration Assistants) were also helpful in pointing out to the FDCMs that I could help with this or that which needed to be fixed.

Throughout the year I made an effort to maintain a stance of being a resource to the mothers. The objective was to do things the mothers felt they needed to have done rather than to suggest things we felt were important. This approach, I believe, enabled me to establish a trusting relationship with the FDCMs. Some care needed to be taken, however, to insure that my time was available to all of the mothers. While some mothers were quite reluctant to call the office to ask

to have work done, others seemed to have a constant supply of projects. Being around the office when Center Meetings were breaking up proved to be a comfortable way to keep in touch with most of the mothers. Priorities were set so that mothers with several large projects did not demand all of my limited time. In the spring I led a discussion with each of the four Center Meeting groups to brainstorm some ideas for using free material, such as old tires and vegetable crates, to create play equipment. These sessions produced many excellent ideas and served to point out again that I was a resource for the FDCMs to use.

The work I was asked to do over the year covered a wide range. There was, of course, a good deal of general toy and equipment repair. Also needed were repairs in the home such as replacing broken windows and fixing lamps, leaking faucets, and baby furniture. Some of the work in the homes, such as repairing fences and gates, or venting previously unvented heaters, enabled some FDCMs to meet licensing standards. Often I would go to a home to do one job and end up doing three or four. Even in situations where the husband was living at home, there were things for me to do for he was often too busy or too tired to fix that favorite trike or repair the broken sandbox.

I was also able to make some new play equipment. Some items, such as easels or child-sized chairs, originally requested by a single FDCM seemed to catch on with the others. In such cases I made up a sample and placed it in the office for the mothers to see at their meetings. Orders were taken by the secretary, and I would deliver the items as soon as they were finished.

The FDCMs proved to be one of my greatest resources throughout the year. They were helpful in many ways, such as letting me know where to get inexpensive or scrap material. They also came up with some of the best ideas for play equipment. One of the mothers, for example, had me cut a hole in the back of an unused dog house and sand off any splinters. The children then took over and it became a ship, a house, a tunnel, or a place to hide.

Another aspect of my job as "fix-it man" was relating to the children at the various homes. Although the degree varied from home to home and child to child, most of the children were curious and interested in me and what I was doing. My tools were a constant source of fascination and experimentation. I had to be quite careful to let each child handle only those tools he could play with safely. Others were kept out of sight and reach unless I was using them. Even the very young children enjoyed exploring the tool box or lifting a heavy hammer. There was an endless stream of questions. "What's this, Jim?" or "What do you use this for?" I found it quite comfortable on most jobs to do my work, keep an eye on the children, and answer the barrage of questions, all at the same time. In some cases where the job demanded that the children not interfere or get too close, the FDCM was always helpful in supervising the children more closely.

Many of the older children became involved in "helping Jim." At one home as I was fixing a tricycle, I looked around to see that the two older boys (three and four years old) each had a trike over on its back "fixing" it. The three of us worked together, passing tools back and forth, talking, et cetera, for about 20 minutes. Examples of this kind of response on the part of the children happened frequently even among children who were difficult to handle.

My work in the homes provided exceptionally fertile ground for learning experiences for both myself and the children. They had the opportunity to relate to a stranger and repairman in a way in which they probably do not in more institutional settings. There was a great deal of learning, of course, about tools and material. For the younger ones, naming and manipulating was the main activity. The older children could try their hand at pounding a nail, measuring with the tape measure, drawing a line with a chalk-line. At homes where I went often enough so that the children got to know me well, they looked forward to my coming. They would greet me at the door or gate with "Jim! What are you going to fix?" or perhaps "Hey, Jim! We're going to help you build a sandbox." The children also had

a chance to see and experience that repair work is both dignified and important. Often they would say such things as "My daddy has a saw like that one" or "My daddy fixes things at my house." Through my work as "fix-it man" the children learned to use and manipulate tools safely; they saw many mathematical concepts put into practice, developed social skills and language, and saw that such work could be interesting and important.

I personally found the year to be filled with a great deal of learning. I gained some valuable experience in how to interest children in activities and how to capitalize on that interest to draw out some significant learning. I had the opportunity to relate to a wide variety of children--some with deep problems and difficulties, others of exceptional potential; some from poor families, others who lived quite comfortably; some black, some Spanish-speaking, some white. Finally, I had a unique opportunity to observe many different FDCMs and talk with them about their work and the children they cared for. I was thus able to get a feeling for many different styles of child care and a variety of approaches to some similar problems.

I think the FDCMs also benefitted from my work this year. The fact that this type of resource was made available encouraged them to look at their homes and the environment they were offering to the children, with an eye to improving it. Some of the mothers made major changes in their play space, using me as a consultant. The FDCMs were also able to observe another person's style and techniques in working with children. Often a visit to repair something would result in conversation about how children learn or perhaps specific problems or questions about individual children. I was by no means a visiting expert, but my coming afforded the FDCM an opportunity to talk and share ideas with someone who shared her interest in children.

CHAPTER 14

# CENTER MEETINGS--WE CHANGE OUR ROLE

During the first year of the Project we had committed ourselves to a non-directive, supportive role in Center Meetings in order to provide a nurturant climate in which FDCMs could begin to trust both themselves and us as competent, worthy, caring individuals. We were listeners and learners who concentrated on providing physical and psychological ego-strength to make it possible for Project members to come together in the second year with some idea of the direction in which they wanted to move as a group. In the second year, our role consciously changed with the advent of new developmental tasks.*

Our goal was to help the FDCMs move toward the point where they would recognize their own power and competency as care-givers and would progress from isolation to peer group co-operation in order to achieve child care goals. To achieve this, we felt we had to innovate a fluid social structure, responsive to unanticipated consequences. Yet we never lost sight of our ultimate objectives of giving all Project participants a feeling of psychological success and the means for achieving more pragmatic ends, such as improved child-rearing environments.

We worked hard to build Center Meeting groups strong in potential for good group dynamics and growth. When we analyzed the groups and found styles too much

*Sills' study (1957) of the National Infantile Paralysis Foundation notes the importance of goal succession as a process of our organizational adaption in assuring group growth and survival.

alike or not complementary, we changed the structure by shifting members: but we always remained sensitive to the question of intervention and continually examined our own motives. Again we strove to maintain a balance between insuring that FDCMs feel good about themselves and working in the best interest of the FDC children.

We became more active in the role of facilitator in the second year and concentrated on developing and perfecting--and discarding, if necessary--a number of strategies. We planned to continue with Center Meetings but with a varied format, according to both the FDCMs' perception of their need, and our own:

> *Staff: In the first year, we asked the FDCMs what they wanted. Discussions were free-flowing--they could go in any direction. Generally, they came back to the FDCMs' individual problems--discipline, working with parents. This year we've asked for more structure and direction.*

When we asked for topics for discussion in the fall of 1971, the question of discipline again came up. We began to formulate plans for helping FDCMs understand the reasons for aggressive behavior and how to handle it so that the child's needs were being met as well as the adult's.

> *Ms. Perez: Maybe when we have our meetings we shouldn't get into the same old thing--maybe it would be better to have different topics to discuss and then all of us could be thinking of things because sometimes you get into the same old rigamarole, and maybe if we had a topic we could think of new things to discuss.*
>
> *Staff: If we were to take a topic, what would be some of your ideas?*
>
> *Ms. Perez: Well--oh, ways of handling babies, toys, discipline, eating habits, sleeping habits; you know, all those things that happen. If we knew beforehand what we were going to talk about, then we might not get into the discipline problem--you know, the old things and we go round and round. You hear them all the time.*
>
> *Staff: You know why that happens though, I think it is because that's of concern to everybody. Remember the day we started talking about feeding and we got right back to discipline?*
>
> *Ms. Perez: It's probably, I guess, just because that is a part of living or part of raising children.*

We planned to have monthly subjects, one for each series of four groups, in an attempt to fulfill the FDCMs request for specific topics. We found there were pros and cons to the various alternatives, and that continual reassessment was essential to achieving a good solution. A staff member wrote in her log:

> *It is interesting the way we swing back and forth. The reason we decided to have the same content at four consecutive meetings is that some women complained they were missing out on interesting material. So we scheduled the same content for all four meetings each month. Now we are swinging back to meeting separate needs of each group.*
>
> *I think the combination of these two approaches is really very good, and we should continually evaluate the meetings.*

Professional Consultants

We moved toward greater involvement of outside resource people in the second year as a means of upgrading quality of services. The staff felt that we could directly intervene as the need arose. By scheduling resource people at specific meetings, we might help some mothers who needed reassurance with infants; others would benefit from a discussion of appropriate methods of discipline; and still others would use help in dealing with parents. We carefully screened those we invited to participate as consultants in the Center Meetings against our criteria for a "non-expert" expert:

> Human warmth as well as professional competence.
>
> Ability to share learning experiences rather than play the role of didactic "teacher."
>
> Humility, pragmatism, and a sense of humor.
>
> Being able to sense "where the group is at" in terms of psychological and practical needs.
>
> Effectiveness as an advocate of children, natural parents, and FDCMs.

The resource people we chose were glad to come and share their knowledge with us. With one or two exceptions, our success with this aspect of the program was noteworthy. From a staff log:

> *I have no problem inviting outside experts to come in and*

*talk with our FDCMs so long as recipes are not given and so long as individual FDCMs will still feel good about themselves. For example, when we talk about nutrition, we will need to bring experts in (but only those who could relate to the home setting). The big problem I see in using outside resources is that there must be a good deal of preparation with the people asked to come and speak...but it will be done, amen.*

For one group of FDCMs we scheduled a long-time Pacific Oaks head teacher, Betty Thomason, whose background included work with exceptional children. She told the group: "I don't want you to think that I'm an authority. We can only succeed with children if we share with each other." The mothers asked:

*Ms. Duffy: What do you do about the child who says, "I don't want to play with you--don't touch my things?"*

*Ms. Tyson: How do you get the attention of an active two-and-a-half-year-old--How do you get him to communicate with words?*

*Ms. Green: What do you do about hyperactive children who disrupt the group?*

*Ms. Mays: I gave him something to distract him but he went right on screaming--was that right or wrong?*

*Ms. Thomason: There is no one right or wrong way--there are just different ways.*

Other consultants brought in for Center Meetings were:

Eva Schindler-Rainman, a nationally-recognized consultant, who assisted the FDCMs in perceiving their own needs for volunteers and helped them make plans for involving volunteers in FDC homes. She made the meeting extremely valuable with her skill in drawing out the ideas of the FDCMs themselves ("All I did was pull!"), writing them on large pieces of paper with felt-tip pen so that the FDCMs' own words would be preserved and could be referred to later.

Helen Witt, a licensed dietician whose approach was informative, warm, friendly, and fun, gave suggestions on how to cut food costs while at the same time providing nutritionally adequate meals, and how to encourage a relaxed, child-orientated approach to eating problems.

Nan Hatch, director of All Saints Day Care Center, shared with FDCMs her observations on children's needs with respect to learning experiences and helped

the mothers understand how many opportunities the home offers that a good center director must work hard to replicate.

June Mayne, the director of a therapeutic nursery school at Cedars-Sinai Hospital, Los Angeles, helped FDCMs who care for special-needs children to focus on objectively analyzing where the child was, developmentally speaking, and to shape their own behavior and expectations accordingly:

> *Ms. Mayne: I think you have to figure out what he gets from his behavior and what he wants. I think he wants to have your attention--to hear you tuned in on him.*
>
> *Ms. Green: Well, Chris does get it and I feel really guilty about the attention the others don't get as a result.*
>
> *Ms. Mayne: The problem seems to me that he engages in anything to keep your attention. Do you have any feeling about what that means to him? What are the kinds of things he likes to do? How do uou know he thinks doing what he does [crashing into things on his tricycle, throwing toys] is great? What is his laughter like?*

Our guest thus encouraged Ms. Green to think about the causes for Chris' actions and then, she interpreted them for her in her own gentle, non-authoritarian way:

> *Ms. Mayne: He sounds like a child who is at the mercy of his own impulses; he wants to do things he wants and yet wants to be stopped from some of these things he feels inside him...Because of his hearing loss he has not been able to depend on one of the very important five senses, so that somehow he has learned a lot about turning it on and off; but it seems he wants to be stopped in some things and allowed the opportunity to test out other things. I don't know that I can tell you specifically which those things are; maybe you could give me some feeling about what are the things that bothered you the most. First of all--what is safe, really safe, for him and for you?*

Ms. Green found support in:

> Being able to discuss the problem in a peer group with those who had similar, if not identical, problems with a sympathetic, professionally-qualified advisor.
>
> Being reassured that Chris's behavior of "tuning out" was not directed toward her alone, but had also been experienced by the student while in her home.
>
> Most valuable of all, perhaps, having the opportunity, arranged by staff, to attend briefing sessions at the HEAR Foundation in

Pasadena, a non-profit agency dedicated to helping children and parents of children with hearing defects. Their willingness to assist FDCMs work with children who have some form of hearing loss was greatly appreciated by Project members and staff.

Madge Gerger, a former staff member of the Pickler Infant Care Institution in Hungary and also of a school for emotionally disturbed children in Los Angeles, shared her gentle wisdom. She presented a beautifully conceived and executed film on developmental infant care which had tremendous impact on the group.

Because the original narration for the film was in Hungarian, an informal commentary by Ms. Gerber took its place. As a result of the meeting, several of the mothers reported that they altered their behavior with the infants in their care, as well as with their own children, spending more time interacting with them and allowing more independence in the child's responses. This meeting was highly effective as an instrument of educational change because of the visual impact and the amount of non-teacherly, easily adapted information it provided, as well as the warm, sensitive manner of the resource person who shared it.

The America Red Cross provided a consultant for a special meeting on safety in a FDC home. We had scheduled this in the hope of reaching mothers about whose safety practices we were in doubt (An earlier fall meeting with this consultant had resulted from requests for first-aid knowledge).

However, instead of sharing ideas on safety measures to meet children's needs, the meeting became an authoritarian lecture on methods of child control by the resource person, and it progressively disintegrated into a discussion of disciplinary techniques. The staff was appalled at this turn in the meeting and the director of the Project felt obliged to take a firm stand:

*The point of a class like this is to really think ahead so that accidents do not happen. I think the thing we are trying to do with children is to build in self-discipline. We don't want to be policemen with the kids all their lives. I think we are in a fortunate position in working with children while they are young, in helping them to build discipline within themselves. But I think we also have to be models for them and if we are going to be rough with them, then that is the way they are going to react, too. What we have to do is start reasoning as soon as possible. They learn as they are taught. We have to*

*be very careful and think about that ahead of time. This sounds like preaching, I guess, but I do feel strongly on this issue.*

In retrospect, she wrote in her log:

*It is interesting that this whole matter finally revolved around discipline--which basically is a matter of safety, I guess. When we got to methods of threatening children, I could hold my tongue no longer. I think this is really the first time that I have taken such a strong position I really felt that our point of view needed to be stated when the "expert" was saying things with which the staff disagreed.*

We also utilized the knowledge of one of our FDCMs who is an expert in cooking and nutrition. She was encouraged to host a meeting at her home so that she might share her menus and knowhow. For example, she grinds her own flour and bakes bread daily. However, the thought of leading a group discussion was overwhelming for her, so she invited a friend to lecture instead, although she did act as an informal resource person over the delicious lunch she prepared.

Throughout the year, the Project staff took the role of parent advocate to encourage FDCMs to be sensitive to parental needs, and in April, Dr. David Friedman, Professor of Pediatrics at USC-County Medical Center, showed slides and talked informally with grace, humility, and humor about the parallel process of child and parental development:

*Dr. Friedman: It's O.K. for you to tell a mother that this is normal behavior for a healthy four-year-old boy, but that doesn't deal with her feelings, which is the important thing. Everybody has feelings--day care mothers do and parents do. It's important not to tell parents, "I can do better with your child than you can." You may need to reassure her that it's only because he's in a different situation with you. I don't know any magic formula except to take a good look at parents and see if you can understand why they behave as they do.*

*Everybody has different ways of raising children, It's hard to let parents have their own way, but if it isn't destructive to the child we shouldn't force our way down their throats.*

*Staff: Parents often wonder, "Where did I go wrong?" and feel terrific guilt. I don't think it is anything parents do wrong; I think circumstances burst in, and all of a sudden you can't*

*deal with them. It's important to help parents understand but also to understand parents and to put yourself in their shoes.*

*FDCM: Mothers don't set any limits for the baby, or have any kind of consistent schedule. I really lose my patience with them.*

*Dr. Friedman: Take a look at the parents' needs, why they do what they do--maybe you can help them see the need for consistency without telling them in so many words. Give them a chance to talk with you as much as you can. In allowing them to talk, and in helping the child, you're doing a great deal for that family. Hopefully, the parents will mature. The structure you are providing is certainly helpful to the whole family.*

The Evolution of Attitudes: Discipline

During the first year of the Project, we realized that discussions continually reverted to the same topics. The one that appeared to have the highest priority in FDCMs' concerns was discipline--how to deal with problem behavior. There were 56 Center Meetings in two years; in 23--approximately 43%--discipline became a topic for discussion. We determined from statements in early meetings that one of our goals should be to help the FDCMs understand the developmental needs of children and to give them alternative methods of handling aggressive behavior.

In each of the four Center Meeting groups in the first year, FDCMs asked for suggestions on how to discipline ("I'd like to ask how you ladies punish children") and what to do with hyper-active children (usually four-year-old boys), who "upset" the other children. The ambivalence many FDCMs seemed to be feeling can be detected in a statement by Ms. Weber:

*I just want to say one thing about the way I discipline. I say he isn't a bad boy; he just did a naughty thing. But if the children hit one another I tell them, if there is any hitting to be done, I will do it.*

This led us to take positive steps to provide support for the mothers. We instituted the "Kevin" series to help them deal constructively with active, aggressive, curious little boys. A descriptive page on an imaginary"Kevin" was mailed to the FDCMs (see Appendix E) before they came to the Center Meeting so they might think about this type of child and share their ideas, questions, and

anxieties on how best to help him channel his energy. One FDCM said:

> *I think if he were given a creative project, he could get into the world of imagination. They get bored otherwise.*

Another FDCM talked of her difficulties in helping her own son, a 13-year-old "Kevin," and the other mothers suggested ways of handling the problem, based on their own experience.

In subsequent meetings, mothers talked about other methods of helping children like "Kevin":

> *Ms. Green: I had one little boy who was wild: there was trouble at home. It took me a long time but I finally found his "soft spot." He liked to help me do things, and he and I could talk together. He had to have love.*
>
> *Ms. Duffy: He had to feel needed.*
>
> *Ms. Green: That's right. I'd tell him, "You and I are going to take care of these kids," and he was so sweet with them. Otherwise he would do all kinds of things--jump on the couch, draw on the walls, hit the children. But when he left me he was so much better.*

The staff continually emphasized our point that active children are not "bad" children:

> *Staff: One of the things we hear often in group care is that a child who is active, who is curious, who gets into a lot of things is a bad boy.*
>
> *Ms. Allen: I don't feel that way. I feel that children are different from each other. One might be good in some ways, another in other ways. When I stop children from doing something, I explain why. I had a little boy who used to mark on the walls. I got a wet towel with cleanser and I said, "Now you go clean it up." He never did it again.*

One of the important functions we fulfilled as facilitators was to reflect feelings and interpret and clarify the FDCMs' statements:

> *Staff: In other words, the child takes the consequences of his actions?*
>
> *Ms. Allen: Yes.*

One of the mothers explained her feelings about the emotions "Kevins" are experiencing and her approach to the problem:

> *Ms. Tyson: I had a child whose mind was working faster than he*

*could--he gets very emotional and upset. I think their minds are overactive and are really thinking too fast about things that they can't do and perhaps that is what's wrong with Kevin; he felt like he should be able to do this and still he's not ready.*

*Staff: So how do you help a child like that?*

*Ms. Tyson: If he tried to feed himself and got upset, I would take time to help him and started picking out the little things he could really handle and this way he relaxed more and learned to do the things he was having a hard time with. If you get upset with the things they are trying to do and scream and holler, you won't accomplish anything; you're screaming and they are screaming.*

*Staff: So, you gave him the idea that there are alternatives and there are other ways.*

Throughout the discussions, staff members reiterated 1) our concern that children not be labeled because of their behavior and 2) our recognition of the important things that FDCMs were doing in trying to help children:

*Staff: The thing I keep hearing over and over again, which is really great, is that you have sort of divorced what the child does from the child. In other words, he can do something that may be "bad," but you are not calling him a bad child.*

*We are really concerned about that--because we have heard about children who are changed from one home to another home, because they are like Kevin. Tim is a good example and Ms. Jung has managed to keep him and really work with him to help him change. Sometimes when a child gets labeled "bad," then he has to be bad; he has to act the part. It is our feeling that there really are no bad kids; there are some difficult situations and it is a matter of working through them. And that's what I hear you all kind of doing.*

Learning Environment--the Home

Other discussions revolved around experiences dealing with learning in the home (see Appendix E). The same "Kevin" format was used. Examples were mailed to the mothers asking them to think about the kinds of learning that takes place in water play, watching men work on street repair, comparing apparel as to color and size, et cetera.

These discussions proved fruitful in pointing out that the home cannot and should not duplicate an institution, that it is a unique setting and cognitive development does take place within the natural environment. For a couple of the mothers, this was not enough they wanted to be shown. A visit to All Saints Day Care Center was arranged with the resulting comments:

> *Why, they do what we do at home except with more children. My kids are getting the same thing, only we do it our way and with more time and attention.*

Position Paper

The last four consecutive Center Meetings of the year were given over to brainstorming sessions to evolve a position paper defining quality in FDC. At a prior WATCH executive board meeting, one of the mothers had suggested that the staff write a position paper for them in an effort to improve their image in the community and state their philosophy. We demurred. Who could do better than those who were actually involved in the work? Although doubting their communication skills, the board members agreed that we should have discussion sessions on the topic and try to pull ideas from all of the mothers in the Project. We then would edit and write the paper. At each meeting we posed the question "What is quality FDC?" Topics such as learning, food, values, love, extended family, flexibility, individual attention, time, wide-age span, et cetera, were suggested and recorded on the blackboard as the mothers eagerly joined the discussion. It was obvious they had developed a growing appreciation of themselves and respect for their services.

Again the staff thought of utilizing the FDCMs' talents. Pam Hasegawa had previously been an English teacher and was now an FDCM; why not ask her to pull the ideas together and write the paper? She was delighted with the idea and proceeded to produce a comprehensive manuscript which reflects the viewpoints of the

FDCMs. Titled "What is Quality Family Day Care," her paper is being adopted by WATCH to represent its position. We are proud and pleased to use a nearly final draft as the Prologue to his report.

What's Ahead

Until the termination of the CFDC Project in January 1973, Center Meetings will continue with content directed toward meeting the expressed needs of the FDCMs and hours increased to cover as much ground as possible. WATCH and Project FDCMs have requested more theorectical discussions--"Some real classes on child development." The staff is eager to attempt to satisfy the requests in a manner that matches the styles of the FDCMs. These classes, for which credit may be obtained, will take an Eriksonian approach to the growth and development of children from before birth through latency, in the context of the family, the community, and the FDC home.

CHAPTER 15

# FIELD FACULTY--FDCMS HELP EACH OTHER

Written into our proposal when we applied for funds to cover the period of August 1, 1971, to July 31, 1972, were two sections dealing with recruitment of new FDC homes and FDC Field Faculty Staff. Recruitment of new homes was envisioned in the area surrounding two institutions employing a great number of women and having few, if any, FDC homes. We proposed that these institutions and our Project share the cost of subsidizing the new homes, i.e. base pay, cost of necessary equipment, et cetera. This concept was not approved by our funding agency, but the FDC Field Faculty was. Our proposal:

> *Five FDCMs will be hired as field staff by Pacific Oaks College to help with the training and supervision of students and new FDCMs. They will be paid $40 per month and will be expected to provide the following services:*
>
> > *To act as "buddy" for a new FDCM, in support and training her in methods that have been useful in her own home. This will take the form of visiting the new FDCM a minimum of twice a month and being available for telephone calls.*
> >
> > *To attend meetings with staff and students once a month for the purpose of informing, educating, and consulting on the educational programs.*

The rejection of the recruitment proposal necessitated a change in the use of the Field Faculty as well as the graduate students who were to work with the mothers. We asked for the help of FDCMs in determining who among the then 22 Project mothers should be chosen for the five positions available and how best

to use their time. The suggestion contributed by one FDCM of having three different members each month, chosen on a rotating basis ("like doctors on call") was adopted, along with the idea that these three would be "on call" to all Project mothers, as each person had an expertise to share for the benefit of everyone. Recruitment of new mothers would be on an informal basis.

Graduate students were assigned to interview care-givers for the purpose of composing brief biographies describing the expertise of each FDCM (See Appendix F). These biographies were mailed to each Project member at the beginning of each calendar month with the hope that they would provide members with the information they might need to determine whom to call about what--weaning babies, setting fees, cooking as a learning experience, parents who fail to pick up children on time, and similar questions.

We requested the field faculty members to report in a brief questionnaire (see Appendix G) on the response they had to the service. Discrepancies in the statistical results indicated that the wording of the questionnaire may have been confusing, or that record-keeping of this sort is an added burden which should not be asked of already over-worked FDCMs. Over a six-month period we received the following information:

TOTAL RESPONSE OF 18 FIELD FACULTY MEMBERS

| | |
|---|---|
| How many FDCMs contacted you? | 41 |
| How many phone calls did you receive? | 60 |
| How many personal contacts were made where you visited or were visited by a FDCM? | 12 |

More valuable information was derived from the response to the question on kinds of problems raised*:

> Financial problems constituted the largest number of requests for help: Seven questions were asked about fees.

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* Because of the statistical discrepancies and lack of specific information no attempt has been made to tally all categories of problems.

Behavior problems constituted the next largest category: Six requests were listed for what to do with "rebellious children," "children who won't eat," "children who keep turning lights off and on," "how to manage children on trips," and other problems.

Relationships with parents were listed specifically as the concern of four callers.

How to get a child and how to terminate an arrangement accounted for three requests.

Miscellaneous problems: feeding, toilet training, sleeping routines, how to get the mother to leave sufficient clothing, and similar inquiries.

Unspecified problems accounted for the majority of requests for help.

The comments of FDCMs on the value of the service and whether they felt they could be of help provided the greatest insights:

*It's good for new mothers. I think it's better than a social worker who comes in.*

*I have enjoyed reading about each one of the mothers. I do feel this is a good reference and we can feel we know who we are referring people to, to care for their children.*

*Perhaps a follow-up call to find out how the problem was resolved would be good.*

*I think I helped by pointing out there is more than one way of solving a problem.*

What this clearly points up is that time is essential in setting up and executing a new concept. We feel that if this work were to continue it would certainly evolve into a broad, helpful network.

*I think the field faculty service is a good idea if taken advantage of by more people. When our Project expands and more FDCMs join, it will help a great deal in getting them started. Perhaps the service could be offered to parents as a means of better understanding our services.*

CHAPTER 16

# CERTIFICATE COURSE--SUCCESS WITH SOME RESERVATIONS

One of the primary goals in the second year of the Project was to develop effective means of upgrading FDC quality. We planned to establish an on-going certificate course for FDCMs, to be offered through Pacific Oaks Extension classes. Our experiment with a class in child growth and development--"How Children Learn and Grow"--in the spring of 1971 had stimulated a great deal of enthusiasm in the mothers who participated, and we felt that the creation of a Core Curriculum class, using Pacific Oaks College as a resource, was an opportunity to develop some exciting, innovative approaches to providing good child care in the home environment. FDCMs had expressed the desire to have such classes, and we saw them as a chance to meet their needs as well as our goals.

Beginning in October 1971 we offered three eight-week courses; the participants met in the evening once a week for two hours. The first course was designed to make care-givers aware of the unique opportunity FDC can provide for learning experiences--Home is a Great Place for Learning. The second aimed to help FDCMs develop effective relationships with parents--Working with Parents. And the third was a "fun" class for making FDCMs feel good about themselves as human beings--The Who, Why, and What of Me. Attractive fliers on each class were mailed to all known licensed FDCMs in the area (137 of them) and to all other names on the Project

mailing list, including some unlicensed FDCMs. Notices were also placed in the CFDC Project bulletins.

Although Pacific Oaks's usual fee for such an extension course would be $55 per unit, we were able to offer the one-unit class for $10 per person with subsidies provided by Pacific Oaks and the Project. Courses were offered for high school, junior college, and Pacific Oaks credit if desired. Pacific Oaks credit required the payment of an additional fee of $30. (Although three FDCMs initially expressed the desire to take the course for high school and junior college credit, and one student initially wanted Pacific Oaks credit, only one finally did the extra work required.) We held a number of meetings with representatives of educational institutions in the community to insure that credit would be transferable, and we gave each course two designations--one a number and listing acceptable to other colleges and the other a descriptive title for public relations purposes.

Thirteen women (including four Project members) enrolled in the first class, "Home is a Great Place for Learning." The material and ideas presented were many, including: collections of items for sensory stimulation ( an "explore and discover" kit with a plastic jar filled with bells, a salt shaker full of pebbles, wind chimes, a loaf pan with clothes pins, spice sprays for smell, et cetera), recipes for play dough, finger paint and glazes, arts and crafts (at one meeting FDCMs cut out and stuffed sock dolls). But we were disappointed that the orientation was toward the nursery school and an institutional setting, not the home; it was an extension of the nursery school model into the home. The teacher, Bea Seligman, an extremely talented and experienced instructor of pre-school teachers, consistently referred to "your centers" and "your rooms" as though speaking to teachers in group day care. It is difficult for people used to traditional, school or center-orientated teaching methods and programs who have not had experience with FDC to interpret learning experiences appropriate to a home setting.

The second class, "Working with Parents," saw an enrollment of 11 (including five Project participants). In two of the sessions we enjoyed the services of *Marguerita Mendez, a psychiatric* social worker from the East Los Angeles Mental Health Clinic. In her gentle, "non-expert" manner, she was able to both support the self-esteem of the FDCMs and help them understand the needs of working parents. However, in spite of Ms. Mendez's and our goals to facilitate understanding between day care mothers and parents, there developed in the class a "we versus they" attitude--a feeling that parents were an opposing force instead of allies.

Betty Smith, a competent adult education instructor and the teacher coordinator of these classes, notes in her evaluation:

> *One of the staff's goals for this class was to help participants gain more of an insight into the natural parents' problems and to look at communication from this aspect--to discover ways to better meet their needs. However, immediately apparent in the first session was the need to vent and share problems which FDCMs have with parents. Until this was dealt with they weren't about to "hear" of the natural parents' problems.*
>
> *Knowing that so many of the staff have evaluated this class negatively it is uncomfortable to maintain a positive position; can I be objective about it and feel it was good when so many others feel it was not? I still feel as honestly as I can that it was a good class, a successful class, meeting to some degree all of the goals.*

Realizing the importance of a positive self-image in adults who care for children, we planned the third course, "The Who, Why, Where, and What of Me," around the goal of helping FDCMs feel good about themselves. We asked a graduate student to coordinate the six-week series and find resource people in the community to conduct some of the classes for us--people who would be warm, informal, enthusiastic, and supportive. Although only four women attended the first two meetings on weight control, the sessions were kept lively and interesting by a delighful dietician, Helen Witt. The third session, a modern dance class, proved to be a little "far out" for us. Both the staff and the FDCMs felt uncomfortable moving "the way the music tells you." A frank discussion with the participants later in the week yielded some complaints about aching backs and agreement that

it wasn't their style. There was, however, a strong interest in continuing this course, if not the dancing. The graduate student did a fine job of taking the FDCMs suggestions and coordinating the final three sessions, which included macramé, wig and hair styling, and fashion design. All the participants seemed pleased with the outcome of the course.

Although each class had its problems, the participants stated that the material presented was quite useful. For the first time in Pasadena, courses were offered that attempted to meet the needs of FDCMs. We felt good about the involvement of FDCMs in the planning of the courses and were also pleased with the enrollment, given the fact that it is difficult for many FDCMs to get out to evening sessions. Even though the classes did not meet all the staff's expectations, we learned a great deal for future planning. We concluded that there needs to be more preparation, thought, and innovation on the part of those teaching such courses. We have planned future courses that will integrate the unique qualities of the home environment with developmental discussions of children, parents, and FDCMs within the neighborhood and the community.

CHAPTER 17

# THE REFERRAL SERVICE--A PROBLEM IN MATCHMAKING

By Maxine Davis

As the project became better known in the community, more and more requests for child referrals were received by the Project office. By the end of the first funding year we had helped 57 families with child care arrangements. During the second year, the number of referrals and information calls tripled. More than 150 calls were handled.

A referral system was first suggested by the FDCMs in the Project as a means of increasing their visibility to each other and the community, and to provide children for their day care homes. At first, it was an informal system, evolving from community demand rather than pre-conceived plans and organization. Our procedure was to give the inquiring users the names, addresses, and telephone numbers of three or four FDCMs close to the user's residence. We referred only to FDCMs who provide, in the judgment of our staff, the kind of service we feel benefits the child. In some cases, where we have no Project FDCMs in the area, we gave the names of women we know are providing such services, making clear that they are not part of our Project.

Initially, when there were only a few calls, the Project secretary recorded the parent's name, telephone number, and the address, the ages, sex, number of children, and the hours of care needed in a large loose-leaf notebook. If a

staff member was not available, she would suggest several Project mothers, using geography as the major criterion. A copy of our Check List of points to consider in FDC was mailed.

As the number of calls increased it became obvious that just giving a user the names of day care mothers near her own home was but one aspect of an effective referral design. A higher degree of sensitivity in a matchmaking was needed. However, any real matchmaking process meant staff must direct more time and attention to referrals. It took time to work out at least three possible matches for each user. Now, when a call came in, the user was told that a Project staff member would return her call and give her the names of several FDCMs. In the interim, staff tried to make a careful match of giver and user. In some cases, a telephone call was made to find out if the FDCM was interested in taking a child in a particular age group for certain hours, thus reducing unnecessary phone calls and interviews for everyone concerned. If the user mentioned some specific quality of the home or FDCM, that was given consideration. The system also allowed more selectivity, in terms of referring homes that we felt were providing the kind of services we feel benefit the child, and it offered some protection to unlicensed FDCMs. The focus was on the FDCM. They and their homes were quite familiar to us. It was this familiarity that helped staff elect three (sometimes fewer) FDC homes. The users were called, given the referrals, and mailed a copy of the Check List. It was at this point the staff agreed that one person should take on the responsibility of referrals. It became my job.

Refining the system

By January 1972, we had become known and trusted in the community, and the number of calls for referrals and child care information had doubled. This increase caused me to take a careful look at several aspects of the informal format I was using.

First, in order to improve record keeping, I decided to develop a referral

form(Appendix H). It contained most of the basic questions we had previously used. In the past I had relied heavily on my knowledge of the FDCM, but to match, one must know both pieces being fitted. During many conversations with prospective users, I found it extremely helpful in making placements if I could get the user to state her expectations of the home environment, the FDCM, and child-rearing attitudes. I added a question to the form: "Are you looking for something special in a FDC home?" That created the potential for matching user's input with my knowledge of the FDCM. The addition of this question greatly facilitated the match-making process. The user's response ranged from slight confusion or a very casual, "Oh, nothing special," to a 20 minute telephone conversation on child care need.

Second, I decided to send out double post cards to the FDCMs who were receiving the referrals. In that way it was possible for FDCMs to know we had sent a referral and it was easy for them to indicate the outcome (if any) of the meeting with the parents.

Here is a sampling of one day's referral calls:

> *1. Mrs Martin on North Catalina Street would like to place her two-and-a-half-year-old son in a FDC home. In response to the question,"What are you looking for in a home?" she said: "I think there should be some educational toys and large play equipment. I want him to learn to play with children his own age." She wanted to know the number of children in a FDC home. I gave her an approximate cost scale and explained the number of children in relation to licensing. She felt the cost was high when compared with nursery schools. After I pointed out the various types of child care- centers, all day, half-day programs--she admitted that the only type of program in which she had been involved was a cooperative nursery school where the fees were only $25 a month. Her next comment was, well at $13 a week I might as well have a sitter, so that there will be a one-to-one adult-child relationship. To which I answered: there are homes where a mother cares for only one child. I referred her to Haas, Brook, Fisk, and Jung: these mothers have from 0 to 10 children. If numbers are important to her, then she has a wide choice. All of these locations are near her home and provide different home settings. She was referred by Dr. Schmidt.*
>
> *2. Mrs. Janet Buel called; she wants child care for her two-year-old. She knows nothing about FDC. In fact, she thought she was calling a child care center. I explained the CFDC Project, including our*

*connection with Pacific Oaks (which, incidentally, is one of the schools she had in mind for her son). We talked about the Mothers Club and the possibility of a child having the combined experience of FDC and a pre-school setting. She had some questions about the education of the FDCMs, toys, and equipment. Mrs. Buel lives in high Southeast Altadena and works in Pasadena at Lake and Green Avenues. Duffy, Green, and Fisk are good locations and in each of these homes are some of the elements she seems to want..*

*Later in the day, a Mrs. Oaks called to inquire about future care for her two-month-old baby. She plans to go to work in a couple of months and wants to start investigating possible types of care. She is the third referral today. Interestingly, none of today's callers knew anything about FDC.*

As with any referral system, the natural constituents of an area must be dealt with; geography, transportation, socio-economic classes, and ethnic groupings are some of the community patterns that must be woven into a referral plan. Pasadena is diverse in some of the patterns I have mentioned. Various sections of the community present unique problems as well as assets.

In the central area of the city, there is a greater flexibility for child care arrangements. FDC as a natural system is fairly well developed and visible. However, the northern area--communities of Altadena, parts of Pasadena, and Sierra Madre--face geographic limitations.

Especially for FDCMs in this area, which is in the foothills of the San Gabriel mountains and away from areas of employment opportunities, FDC must be a neighborhood concept, for it is unrealistic to assume that families from the central or southern area will travel long distances in the opposite direction from their jobs to drop off their children.

*Then there was Dr. Chen, a Cal-Tech referral. I have spent far too much time with him. He called in about a week ago frantic for immediate help. None of the women I referred satisfied him. He called in again and I gave him three more. On the third call I gave him Mrs. Toller's name (she's a member of WATCH) and arrangements were made. Today, he called again. He and his wife are very happy with Mrs. Toller, but she is just too far away--can I recommend someone else. I looked over the DPSS list of licensed FDCMs and attempted to call five homes in the area in which he lives (southeast Pasadena). I found one that would have a vacancy in two weeks, and is within a few blocks of his address. He was elated to find someone so near home--so was I. I'm going to call him next Monday to see how things worked out.*

Pasadena's southern section, where the need is acute, represents the most difficult area in which to make FDC arrangements. Perhaps, the lack of FDC can be attributed to the high density of apartment living, compounded by the disparity in the socio-economic classes in this area: pockets of lower class, black, whites, and Mexican-Americans surrounded by larger areas of upper class affluent whites. The people who live here may work in one of several large educational institutions, hospitals, or museums, or in the Pasadena business district which parallels the area. Also, access to the freeway system into Central Los Angeles is in the southern part of the city. More than likely, there is an invisible network of FDC homes within this area. Its visibility needs to be increased; also development and recruitment of FDC is pressing.

Beyond Simple Referrals

We have acted as an information center for both givers and users of child care. Information about group care as well as FDC is gladly given. Many day care consumers have anxiety about finding, approaching, and selecting care-givers: these arrangements can be difficult without help or information and referral.

I have received calls from women who have applied for a FDC license and have been advised by the licensing agency (DPSS) to seek the benefits of our program; calls have come from both licensed and unlicensed women who want assistance with obtaining children for their FDC homes or would like to join our Project. There are also occasions when the FDCMs need information and referrals to community resources. Often we were of real help to them:

> *Ms. Ortiz called the center this morning. She said, "I have a problem, can you help me?" I said, "I will try." Ms. Ortiz' landlord is going to raise her rent to $130 a month. He feels justified on the grounds that Ms. Ortiz has taken actions that were not in his best interest. She called the Fire Department when the water heater began to smoke; the Fire Department declared the heater unsafe and insisted on proper repairs. Well, the landlord complained that there was really nothing wrong with the heater. He said that, ever since she moved in, he has had to put out extra*

*money on her house.*

*Owing to illness, Mr. Ortiz is not able to work. The family is on welfare; $130 a month is entirely too much rent. Ms. Ortiz began to house hunt and found an apartment for $90 per month.*

*Her problem: will she have to give the landlord a 30-day notice? He told her when she moved in that she must comply with this request. Ms. Ortiz wants to do what is right and legal. She also wanted to know if there is any way she can recover the $25 cleaning and damage deposit she had to pay when she moved in--and do I think that maybe the new landlady will accept $15 of the $45 required for deposit on the new apartment. Timing is important in that everything must run smoothly with the arrival of the welfare check so she will have money for the first month's rent to move into the new apartment.*

*I suggested that she talk with her prospective landlady; perhaps some arrangement can be made to pay a smaller amount of the deposit. I said that I don't know under what circumstances a 30-day notice is required, but I would find out for her. I checked our Family Day Care Resource Book and found listed a housing opportunity agency, which informed me that a 30-day notice is required only when the tenant signs a lease or contract.*

*Even in adversity an individual needs to feel and know that he is in control, so instead of feeding the housing information back to Ms. Ortiz, I directed her to look up the agency and make the telephone call. She said she would call.*

*In the meantime, the staff talked about the Ortiz family situation, and the possibility of their using the no-interest loan. Ms. Ortiz was offered the loan and was more than happy that this opportunity was available to her. In fact, she requested $75 instead of the $30 that she spoke of earlier. The larger amount will provide more security in that it will cover the first month's rent and insure the rental of the new apartment. She promised to pay the loan in full by December 2 when she receives her welfare check. (P.S. She repaid the loan on December 1.)*

The Project office is centrally located, where people can walk in and inquire about child care. Telephone calls are accepted five days a week. So far, referrals have required considerable time and availability of at least one staff member often returning calls after working and office hours--for which I have received many a grateful "thank you for your help," or "I didn't know where to start looking."

There are, on the other hand, moral obligations to be faced. Should I, for

example, try to help a FDCM recover unpaid fees from a family that I had referred to her?

When Our Project Ends

With the termination of the CFDC Project, what direction can the referral system take? One FDCM has volunteered to handle referrals from her home, during her spare time. However, because of its time-consuming nature, she might soon be overwhelmed.

Referrals based on geographic area can be obtained through the DPSS, and it would seem to be a logical agency to operate a community referral and information center. But DPSS has historically been understaffed and disinterested in FDC as a viable child care system.

Perhaps referrals could be a volunteer project of a more established community or social organization, but it might then be prone to absorption or extinction by the sponsoring organization.

The FDCMs organization, WATCH, is an excellent possibility if funds for staff and facilities could be raised. If strong enough, WATCH could also align itself with a larger group for support but maintain its identity and function within its own goals and objectives.

My experience has been that just compiling a list of names and giving users freedom of choice in their day care arrangements is just the bare framework of a referral system. A good system must take steps to build around its frame knowledge of and access to community resources and services for both users and givers. It must concern itself with all child care needs of the area to be served. But most important it should include strong support in public (parent) education regarding FDC as well as other child care systems.

## CHAPTER 18

# OTHER SUPPORT SERVICES

### MOTHERS CLUB

This year the FDCMs continued to be highly responsive to the opportunity our scholarship program afforded for placement of six FDC children in Mothers Club Co-op Nursery. (Mothers Club is a cooperative nursery school and adult education center operated jointly by the Ecumenical Council of Pasadena and Pasadena City College Adult Education Branch--see "I'm Not Just a Babysitter" (Sale, 1971) for further details.)

The program continues to meet the needs of both the children and parents, offering an inter-racial grouping as well as facilities to care for all children under five. This is especially important to our FDCMs who usually care for infants and toddlers, as well as pre-schoolers. The positive value of the experience for the child in her care who attended Mothers Club was emphasized by Ms. Perez:

> *Sometimes the house is not big enough and we don't always have all the play equipment which children need--it's good for them to be with others their own age.*

We have already noted the vital importance of Mothers Club placement for Tim, the "special-needs" child (See Chapter 8). The opportunity to attend Mothers Club was essential also for Chris, an active four-and-one-half-year-old who had been placed in a home with little peer interaction. A brief period spent in another structured group situation had been detrimental to his psychological

development, and he was returned through our intercession to the Mothers Club placement, with positive results. We cooperated as fully as possible with the staff of Mothers Club in helping to set up a mixed model whereby children could have the advantage of both the FDC and center experience. Staff and students became involved in the matchmaking process, keeping the slots at Mothers Club filled. A staff log notes:

> *I contacted Ms. Brook concerning Mothers Club. She suggested that Carl, a white child, fill the scholarship slot. I explained that Mothers Club really needed more black children and would she consider sending Spike or another black child. She said, yes that Spike could attend; that is, he could if he can make the adjustment because he is a little shy. However, she is willing to try it.*

A student reports in her log:

> *I talked to Ms. Perez about enrolling Ann at Mothers Club, which she is really eager to do. The environment is so rich at Ms. Perez' but she feels that Ann needs other kids and also that nursery school will encourage her overwhelming interest in letters and her art work. It seems to me that it could be a good experience for Ann, but I'd also like to encourage Ms. Perez to come herself to Mothers Club and bring all the kids; she'd be such an asset to the group there.*

We plan to continue the program through the rest of our Project period.

## TOY LOAN

In the first year of the Project the toy loan was highly successful; it not only served to meet needs for equipment but also to establish our role as a trustworthy, caring, supportive operation. During the second year, we found that as mothers moved into more autonomous roles, and possibly as needs were met in other ways, the toy loan was less used and, perhaps, less useful. We concluded that small toys are not very appropriate for a loan arrangement because:

--Children become attached to them (i.e. dolls) and hate to give them up.

--Pieces become lost or broken.

--They tend to be less expensive and therefore are more easily purchased by each FDCM than large items.

--There is a great deal of material around homes which makes good "props"--i.e. cans, jars, kitchen utensils.

--By the second year of such a project, mothers have built up their own inventory of items their FDC children most enjoy and use.

A student reported in her log:

> *Ms. Fisk uses some toys for her own children but often hesitates for fear of breakage. Ms. Tyson finds it really hard to explain to the children when she has to return toys. Ms. Jung has lots of toys already, although some are broken. Another problem is that Dale, her son, has his own special toys. Ms. Duffy has lots and finds it hard to return things. Ms. Brown and Ms. Wood have used toys only at my suggestion and I had to bring them around. The chipped paint on the toy stove worried Ms. Wood.*
>
> *Why isn't the toy loan being used more? Some of the big problems are transportation, fear of breakage, and the fact that many mothers already have the smaller items.*

A successful toy loan required storage facilities, transportation mechanisms, and a maintenance man for repairs. Near the end of the year a brainstorming session of the student seminar was held to consider alternatives. Basic issues were spelled out: 1) What, realistically, is the need from the point of view of FDCMs? 2) What is feasible for the WATCH organization to manage on its own when the Project is terminated? In looking at needs, we realized that the focus of buying should be shifted from small items such as dolls, which children become attached to and which get dirty, or dominoes, which get lost; to larger equipment such as plastic roll-aways, which can be converted into slides, tables, desks, and other large items.

We recognized additional variables which should be taken into account: Part of the problem of non-use arises from the fact that mothers would like the equipment but haven't acquired the habit of taking out toys. A toy loan chairman (whom the organization had elected) could make periodic visits to FDCMs, circulate

a list of available toys and be responsible for their allocation. Toward the end of the year students took responsibility for the toy loan and made plans to circulate "packets" of toys within neighborhood areas. We questioned, however, the wisdom of our retaining primary responsibility for the toy loan and imposing our choices. We hope that WATCH will continue to work on the problem and come up with a better solution than we have proposed. They usually do!

## STORY HOUR

Our Center story hour was held on alternate Wednesday mornings. Sally DeLancey, children's librarian for the La Pintoresca Library, continued to come to the Project Center with a group of books, which she read to the children and adults present. Story hour was well attended by Mothers Club Co-operative Nursery, the neighborhood Headstart and children's centers, and by families living in the immediate area; but only with considerable amount of staff time and energy were we able to encourage the FDCMs and children in the Project to attend.

Lack of transportation was one problem and another was age groupings which placed limitations on mobility and allowed less flexibility in FDC schedules. At first, staff and students tried to accommodate FDCMs by providing transportation for those mothers and children who needed it, in some cases picking up only the children if the FDCMs were not able to attend. The women also seemed to need a telephone reminder for each story hour. Not only was this time-consuming, but in a sense it also defeated the original intent of the program, which was to acquaint the FDCMs with the library as a community resource and give them a chance to learn some things about selecting and reading books to young children.

By mid-year it was clear to everyone that the story hour was not working as intended. We presented the problem to the mothers in the Center Meetings and

asked if they wanted to continue the story hour. Yes, the FDCMs felt that the program was valuable to both mothers and children. Several steps were taken to give the FDCMs more input, to reduce staff involvement, and to insure continuity when the Project ends. Since transportation was one of the major problems, we encouraged the mothers to form car pools. Telephone calls were replaced with a colorful post card reminder. To give the program more flexibility, we discussed with Sally DeLancey the possibility of having a story hour in FDC homes. She was most receptive to this idea, relating her experience with a similar plan, called the Front Yard Reading Program, developed by the Pasadena Library System. The mothers were enthusiastic about the new idea. For the remainder of the funding year, they tried both models, that is, the story hour would alternate between the Center and a FDC home. The new program has been in effect for just a few months and indications are that it will be successful.

NO-INTEREST LOAN FUND

During our work last year we realized that some of the FDCMs were lacking infant equipment or that some were only waiting for a small item to be repaired or added to their house so that they might obtain their license. These needs led to the idea of a no-interest loan fund of $1000. We hoped that the mothers needing a little carry-over could borrow a sum and pay it back without worrying about interest.

Although it was thoroughly discussed at the Project Meetings and offered to all Project mothers, only two utilized the service. Ms. Ortiz borrowed $75 to make possible a move into a larger, less-expensive home, which was better for the day care children. She repaid the loan the following week. Ms. Tyson borrowed $300 for car repairs, which we considered a necessity. She picks up and delivers

some of her day care children from school and home as well as taking them on neighborhood outings. She is now in the process of paying back the loan at $65 per month.

WATCH has made use of the fund throughout the year for co-op buying. This has enabled the organization to purchase large amounts of produce and other goods at substantial discounts. The money is replaced immediately after the mothers purchase the goods at the monthly WATCH meeting.

We had anticipated that the loan service would be used by more FDCMs. Perhaps the reluctance was due to the newness of the idea and the lack of immediate need. Again, we feel that it takes time to internalize a new concept and that we will have many more requests this coming year as needs arise.

## VOLUNTEER PROGRAM

The volunteer program originated in one of the Center Meetings. For the first time the women gave serious thought to the whole concept of volunteerism and how it could enrich and support their programs. It was an enthusiastic meeting, indicating to staff and the FDCMs that perhaps a professional opinion in this field would be helpful.

Dr. Eva Schindler-Rainman, an expert in the field of volunteerism in America, was invited to be our consultant. Dr. Rainman was scheduled for an afternoon meeting with six of the FDCMs whose scheduled Center Meeting was that week. The discussion was also opened to any other mother in the Project who was interested. We were not prepared for the tremendous response. Over half of the FDCMs in the Project were present. It was an exciting meeting for everyone, clarifying the role of the volunteer and giving mothers and staff a better understanding of how volunteers could be involved in their individual programs in particular, as well as the FDC system as a whole.

Employing one of the techniques developed by Dr. Rainman, the staff made contact with The Pasadena Volunteer Bureau. We met with the director, identified and described our organization and its volunteer needs. The Volunteer Bureau agreed to help us, and through it we have made progress in placing volunteers in FDC homes. We now have three people who are actively working in FDC homes: assisting with arts and crafts; providing needed one-to-one relationships with children or an extra hand at the park; or taking over while the FDCM does her banking or marketing. One volunteer has agreed to help the FDCM who will edit the Project's monthly Bulletin.

## THE BULLETIN

We continued this year to publish the monthly Bulletin in both English and Spanish. The FDCM who edited the first year's Bulletins had accepted an income-producing job with the University of Southern California (reading and correcting thesis), which left her with insufficient time for the Bulletin. Consequently, the staff edited the Bulletin until February, when the editorship was taken over by two students. The translation into Spanish was again done by Ms. Amparo Gomez, a FDCM.

Although the basic format remained the same, this year we attempted to include more articles dealing with issues in the field of child development. Input from FDCMs was encouraged through monthly telephone calls and an effort to report on the progress and activities of WATCH, the FDCMs organization.

At the end of this second year of the Project, we are pleased that another FDCM has agreed to assume the editorship and the Bulletin will become an integral part of WATCH.

CHAPTER 19

# THE PROJECT AS CHANGE AGENT--
# MEASURING THE EFFECT OF GROUP DISCUSSION

By Cynthia Milich*

*"A leader cannot invent motivation, he can only unlock it."*
*--John Gardner (Brower, 1971)*

We saw the Center Meetings as a means of helping FDCMs move through the developmental stages necessary both for their growth as individual care-givers and as members of the WATCH organization, who could conceptualize and implement their own group goals as they perceived them. Eventually, they would have to take on new task-oriented roles and to assume the functions we had performed in the Project. Through their participation in the meetings we attempted to provide them with the necessary awareness and experience to do so. We hypothesized that before they could assume such roles, however, they would need to establish a trusting relationship with us and with other FDCMs; in such an association they could achieve a shared set of values and develop commitment to one another and to the common cause--creating good child-care environments. We knew they would require a great deal of psychological support, as well as informational feed-back, because the role of FDCM tends to be an isolated one. The group meeting, composed

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of FDCMs and staff (and occasionally students as observers or interpreters for the Spanish-speaking mothers), was considered essential to the development of members' capabilities. It provided an arena in which they could learn to respond to one another's needs, respect normative ideas, appreciate the group goal, care about each other, and share wishes for what the group might become:

> *Such extension cannot occur for the group as a whole... unless members...jointly participate in it, for it takes joint respect to sustain group norms, joint appreciation to accomplish a goal, mutual confidence to consider alternative goals and to change goals, and shared values to invest in group development. (Mills, 1967, p. 120)*

Theoretical Framework

One of the questions which the research component of the CFDC Project has sought to answer is: How effective has the Project been as change agent in helping FDCMs to provide quality care for children? We decided to analyze the Center Meetings as a developmental process, making the assumption that over the period of two years during which meetings took place growth could be identified as having occurred in specified areas of verbal behavior. We conceptualized this growth to occur in a series of developmental steps or stages, similar to the process outlined in the psychological literature of Erikson (1950, 1964). As the healthy, growing organism gains in ego-strength, Erikson theorizes, he or she moves from an egocentric position to one of generativity in which the attention of the individual is turned to concern for others' needs. For the purposes of our study Erikson's concept of generativity--the seventh stage in the life cycle, which he describes as "The concern in establishing and guiding the next generation" (Erikson, 1950, p. 267) and "The instinctual power behind various forms of self-less caring" (Erikson, 1964, p. 131)--has been expanded to represent a point in the developmental process at which the FDCM gives evidence, through verbal statements in Center Meeting discussion, of awareness and concern for FDC problems and solutions Such statements give indication of moving from initial need for self-gratification to more complex thought processes related to perceiving and achieving group goals

involving provision of quality care. For example, generative statements give evidence of concern not with immediate individual needs of the FDCM ("I'm thinking of giving up care of Jimmy; he bit me yesterday") but with long-range goals related to the needs of the children, involving commitment to and understanding such needs ("I think children who bite need to have reassurance that they are loved... I talk to the parents about this" or "Perhaps we could have a resource person give our group some ideas for working with 'biters.'")

We have therefore conceptualized the series of Center Meetings as a developmental sequence in which desirable growth, both of the individual and the group as a whole, is marked by a dynamic change in expressed attitudes and opinions of group members toward the ability to focus on issues related to providing good child care. Erikson notes two points: 1) that it is decisive encounters with the environment which help an individual to resolve conflicts and move to the next stage of development and 2) development does not necessarily proceed ever onward and upward; there are "moments of decision between progress and regression, integration and retardation" which may be temporarily backward. The healthy individual or group, however, moves past these points--the latter with the help of a leader who understands and can meet the group's needs in order to help it move forward.

We have hypothesized that the greater the frequency of generative statements made by FDCMs included as a sub-category in an over-all classification we have labeled integrative to denote all higher-level verbal behavior (this category covers other areas such as problem-solving, giving help and supporting self-esteem, contributing new ideas, and clarifying others' statements--See "Definition of Categories"), the further the individual and the group has moved toward developing a normative structure for quality care, in which commitment to group needs and goals moves members to higher levels of functioning. In short, one might say growth has occurred.

Sociologist Theodore Mills (1967) utilizes a developmental paradigm in his

conceptual framework for analyzing the growth potential of small groups which closely parallels Eriksonian theory in its identification of stages of growth. In order for group members to move from what Mills calls the "narcissistic pole" (comparable to Ericson's qualities of isolation and stagnation) to the "generative pole" (similar to the Eriksonian stage of generativity), Mills theorizes that they must move from a stage of self-gratification of individual needs to one in which they can attend to the creation and achievement of collective goals.*

It had been the intent of Project staff to provide a group structure which could do just that. At the inception of the Project, we saw the Center Meetings as potentially fulfilling at least three functions:

> Providing a means for achieving a sense of self-esteem, confidence, a feeling of psychological success** as a basic foundation on which to build increased competence.
>
> Making possible the sharing of information necessary to the provision of quality child-care; development of a good child-rearing philosophy as well as increasing technical knowledge, including that of community resources.
>
> Facilitating the trying-on of instrumental, task-oriented roles related to achieving group goals, practice in problem-solving; a kind of dress-rehearsal for the time when we would no longer be available for support and guidance and organization members would be responsible for their own group's survival and growth.

Following Eriksonian theory, we believed that these stages must occur in sequence, and build on one another; we assumed talking about organization needs could not precede expressing individual concerns. We also believed that it was of importance to achieve a balance among these areas to achieve real growth. We saw this effort as a step-by-step developmental process without a pre-planned "curriculum"

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* "A group's capacity to grow...depends on entry of members into... a role which, after Erikson, we call the generative role. Its functions are 1) to explore the past and present physical, cultural and social environment for information, ideas, designs, techniques, products and so on that might be valuable to the group, 2) to import selectively and to create new ideas, knowledge and designs ...and 3) to become both conscious of this creative experience and able to translate it into communicable form...." (Mills, 1967, p. 111)

** Argyris (1964) employs the term psychological success to denote the feeling which an effective organizational structure provides for workers.

during which facilitators would have to perceive which needs required fulfillment by what methods at the right moment in time:*

> *"While the executive cannot magically lift the group to a higher-order purpose, he may, when the time is ripe, present to it possibilities for development that it has not imagined before." (Mills, 1967, p. 118)*

Meeting the Needs of FDCMs Through the Small Group

The literature on small-group research, impossible to adequately summarize here, presents an abundance of evidence indicating its value as a learning model as well as providing psychological supports through close primary relationships. Charles H. Cooley was one of the first sociologists in this country to point out the value of close ties with other persons which sustain the individual, stabilize his thoughts, and give him a sense of direction. The classic Elton Mayo-Western researches in the '30s (Homans, 1951) confirmed the strength of primary group ties in the development of identity and commitment to group goals through interaction with other members. More recently, numerous studies have concluded that the presence of others increases the level of motivation (Berghum and Lehr, 1963; Zajonc and Sales, 1966; Collins, Davis, Myers, and Silk, 1964). Small groups with democratic leadership are cited as powerful agents for attitude and behavior change: "Greater change is accomplished by the group than the individual method in inducing persons to adopt a work or performance goal to make a change in their behavior." (Kelly and Thibaut, 1969) The research of Bennett (1955), Coch and French (1948), French, Israel and As (1960), Levine and Butler (1952), Lewin (1947B) and Willerman (1943) confirms this conclusion. The extent of the literature attests to the value of the small primary group in supporting self-esteem, developing commitment, facilitating problem-solving and inducing attitude and behavior change. We saw the mothers' groups, with no more than six members each, as a means of achieving these goals.

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* "Plans are never any good. There are two dangers: 1) the leader will see objectives he cannot realize and 2) he will become overwhelmed by events he did not forsee."--John F. Kennedy, quoted by Brower, 1971.

Besides group size, the ecological environment (Barket, 1963, Prescott, et al, in press) and leadership style (Mills, 1967) are important variables influencing the group process. We were aware of the value of creating a supportive climate for interchange of ideas. FDCMs met informally in the Center office, in a small room in which comfortable couches and chairs were arranged in a circle around a table holding the morning's refreshments--coffee, nut bread, fruit, or other "goodies" baked by the FDCMs. The climate was warm and intimate, that of a social gathering in a home. A few feet away on the other side of the storefront window, the sidewalk teemed with activity--children on tricycles, mothers taking their wash to the laundromat next door, housewives on their way to the supermarket, street people: people of all ages from all walks of life, socioeconomic levels, ethnic groups. Every few moments a school bus would pass, a fire engine roar by, or an ambulance from the office across the street scream out on its errand of mercy. Frequently during meetings, people came in off the street to ask for information, collect for charity, inquire about referrals, get change, or ask for a job. We were very close to life in the neighborhood. In fact, we were in the midst of it, surrounded by its sights and sounds and smells; the sensory impact played a role in shaping behavior within the Project itself.

Our own leadership behavior cannot, like most of our activities in the Project, easily be described by any one label. In Center Meetings, we were facilitators, interpreters, innovators, resource persons; we attempted to "pull out" from FDCMs their own vast knowledge born primarily of first-hand experience and to help them develop problem-solving skills and coping strategies through mutual discussions with colleagues in a peer situation. Our role is summed up in the comments of a Pacific Oaks staff member:

I see myself as four things, really:

> As a facilitator, helping people accomplish the things they want to do, the ideas they give.
>
> As an interpreter, helping aid in communications and mutual agreement between group members. Through a variety of ways

> of getting information, I hope to help make the group more united by bringing more people into action and interaction. By this I don't mean fitting people into patterns they neither want nor are suited for, but by meeting each individual's need within the total group.
>
> As an innovator, a part of my job which will involve a great deal of listening at first.
>
> As a resource person, someone to whom (people) can turn for referrals, for information, or for any help they might need. To sum it up, I come as a friend." (Pacific Oaks Parents Bulletin, May 1972)

We functioned primarily in the role of listener during the first year, when our need to gather information about FDCMs coincided with their need to talk about problems and concerns as well as the satisfactions of being a care-giver. Discussion was free-floating and eventually always seemed to come back to the same issues, particularly those of discipline and parent relationships. We concentrated in early meetings on expressive functions--encouraging information and opinion exchange, building self-esteem and raising status, reflecting and interpreting feelings. In the middle of the year we began to focus on more goal-oriented behavior; we encouraged FDCMs to think about directions they might want to take in topics for discussion, forming an organization, et cetera. We held a series of meetings during which we elicited information which was to be used in compiling a checklist for FDCMs and users, covering the essential factors to look for in child-care environments. We began to bring in resource persons--on toys and equipment, on children's learning experiences--and progressively built awareness by reporting on national happenings on the child-care scene as well as local resources, including Mothers Club and Pacific Oaks College. It was a year of innovation and experimentation, during which we gathered a great deal of information, built relationships, and extablished communication networks between group members.

By the beginning of the second year, we felt the group was ready to meet new developmental tasks. We assumed an instrumental role, channeling discussion more actively, asking for problem-solving behavior on the part of FDCMs. We set forth

a series of innovative ideas, most suggested by group members, some our own, and asked for their suggestions and help in developing them. In January of the second year, we instigated a series of monthly topics, with the same subject to be discussed in each of the four mothers' groups, in response to FDCMs requests and our perception of their needs.

--January: The "Kevin" series. Mimeographed copies of the description of a hypothetical child, whose behavior pattern might cause him to be labeled "bad," were mailed to FDCMs before the meeting, and discussion focused on understanding such children's needs, as well as the parents' and care-giver's, and working out coping strategies to deal with the problems arising from caring for such a child.

--February: The Learning Experiences series. Mimeographed copies of anecdotal records taken from student logs of learning experiences which took place in the homes were mailed before the group meeting. Discussion centered on the mothers' interpretation of these vignettes--what learning had taken place for the children in them, what they (FDCMs) provided for children in their own homes. Toward the end of each meeting a brainstorming session on what could be done with "scrounge" materials--old tires and orange crates--was led by the field service representative, to encourage creativity in planning environments and acquaint FDCMs with available resources, particularly those which are free or low-cost.

--March: The Nutrition series. A dietician joined the group and discussed informally with mothers the nutritional needs of children and ways to meet those needs economically. A great deal of information was provided in a very informal, light-hearted manner. For one of the sessions, one of the FDCMs invited group members to her home to utilize the "discovery" method--she cooked the entire meal herself, using organic foods.

In April, we switched back to a format designed to meet the needs of individual group members as we saw them. In a meeting attended by FDCMs caring for infants, as well as FDCMs whom we hoped to encourage toward a more child-oriented developmental approach, a pediatrician showed slides using cartoons of Peanuts and Dennis the Menace characters, a creative interpretation of Eriksonian theories of child-development. For the next group of mothers we scheduled a discussion on first-aid, since we felt greater awareness of the need to anticipate potential dangers in the home would benefit some of the FDCMs in the group. In the following meeting, a director of a therapeutic nursery school provided insights on how

to meet the needs of special'needs children; several of the group members cared for such children and we set up the discussion as a non-threatening situation for these FDCMs in which to develop greater awareness of the importance of setting age-appropriate expectations and limits for behavior. The last of this series was marked by the presence of our "non-expert" expert on infant care who showed the films of care-givers in the Pickler Institute in Hungary to a meeting composed of FDCMs whose FDC children were primarily infants and toddlers.

The final series of meetings was devoted to an activity which illustrated the third point in Mills' conception of the generative role: "...to become both conscious of this creative experience and to be able to translate it into communicable form." In each of the four meetings members "wrote," through the medium of a staff member who elicited ideas and put them on the blackboard, a position paper detailing the positive values of quality FDC (See the Prologue of this report). The idea for the series had come from a member's request in an executive board meeting of WATCH for an outside expert to write a paper emphasizing the value of FDC. We countered with the proposal that the Project members write their own position paper since we felt <u>they</u> were the experts. The results clearly indicated the extent to which Project members had grown in their ability to communicate articulately and to conceptualize the fundamentals of quality FDC and in their strengthened self-image. ("The Project has given us status in our own eyes," one of the FDCMs pointed out.)

During the second year of the Project, particularly the last five months, our leadership role had changed as we saw the need for all Project members to move into more instrumental task-roles. We consciously manipulated the environment--the format of Center Meetings, the scheduling of resource persons, the structuring of staff and student roles--to motivate goal-directed, problem-solving behavior in which the role performer defined and accepted greater responsibility for his behavior. We felt that we had reached the point at which the group, individually and

collectively, was ready--indeed, was required for group survival--to move into the upper levels of group process.* By the end of the year we sensed that we had been successful in accomplishing the lower order purposes--including meeting immediate individual needs--and had helped group members to conceive of higher group goals as their purpose. We had evidence of our success in comments of FDCMs. Ms. Bunday noted, "My own standards have been considerably different because of what we've learned in the meetings--talking about what was good for the child." But we looked for further quantitative as well as qualitative proof of the growth and change process which appeared to have taken place. As a result, we undertook an analysis of Center Meetings, based on Mills' concept of the dynamics of group growth, and using Prescott's coding categories developed in the course of her ecological assessment of child-rearing environments. Our goal was to determine whether, and to what extent, group growth had occurred as indicated by movement from lower levels of purpose, the gratification of immediate personal needs, to more integrative, group-goal-oriented behavior, as evidenced through communication in Center Meetings.

## The Research Methodology

We used Mills' analysis of group process to formulate our conceptual framework and hypothesized that growth and positive change would be indicated by greater frequencies of integrative, including generative, statements by FDCMs as time progressed. We assumed that frequencies of lower levels of purpose, indicated by simple statements relating to personal concerns, would diminish but probably not

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* Deutsch's concept of the purposes underlying the formation and operation of groups, developed by Mills, is classified into five developmental orders: 1) immediate gratification 2) to sustain conditions permitting gratification 3) pursuit of a collective goal 4) self-determination and 5) growth. In his cybernetic-growth model he assumes the existence of group agents who observe, assess the situation, and act with consequence on the condition they observe: "Self-determination and growth depend on three orders of feed-back of increasing complexity and importance: goal-seeking feed-back, reconstitution of the group, and consciousness." (Mills, 1967, p. 10) We sought to provide these orders of feed-back through Center Meetings to help the group move into the upper levels of purposes necessary for its continued growth.

disappear, since we consciously sought to keep a balance between meeting individual needs and group goals.

We experimented with a number of coding schemes, including Bales' categories which cover the basic processes of small-group interaction we sought to analyze: a) communication: giving and asking for orientation, information, repetition, confirmation; b) evaluation: giving, and asking for, opinion, evaluation, analysis, expression of feeling; c) control: giving, and asking for, suggestion, direction, possible ways of action, implying autonomy for other; d) decision, tension reduction, and reintegration, including agreeing, raising status, showing antagonism, et cetera. (Bales, 1951) Bales' concern with the maintenance of equilibrium in the system, through the balancing of instrumental (task-oriented) and expressive (integrative) actions was a useful one since we continually strove to achieve such a balance. We found the Bales' system inadequate, however, for analyzing a developmental process involving levels of growth and turned to a set of categories with which we were familiar, the Prescott observational schedule devised to measure interaction in terms of level of complexity. We adapted the categories to describe verbal behavior, finding that with very few adjustments they were applicable to the spoken word of adults as well as the physical acts of children. This scheme divides behavior into four primary modes: Self-Initiated (thrusting), Responsive, Integrative, and Rejecting (see Verbal Coding Schedule). Within these four areas are sub-categories (which we altered somewhat) relating to the giving and receiving of information, opinion, suggestion, raising of self-esteem, seeking of social contact, and rejection, and the acts of problem-solving, contributing new ideas and generative statements. It was noted, in addition, whether verbal episodes were directed toward staff, other FDCMs, or the group as a whole. A second level of coding was used to note reciprocal interaction between several members, and topic segments, i.e., focusing on a group topic by more than two members for more than 15 episodes and relating to one specific issue such as discipline, food, evaluation of students, et cetera.

A sample of 21 meetings, 10 from the first year and 11 from the second, was selected on the basis of chronological order. The four meetings at the beginning of the year, four in the middle and two (three in the second year) at the end of the year were chosen. In this way we felt we could secure a representative time sample. We coded the transcripts of Center Meetings, giving each statement or episode one code unless it clearly contained more than one intent (see "Sample Coding of Staff Statement"). Thus, the total number of coded episodes frequently was greater than the number of times group members spoke, although not considerably greater and generally only with respect to staff statements. Episodes were tallied on a coding sheet and percentages in each sub-category as well as in the four main categories were figured. Individual meetings were not coded in chronological order, in order to decrease the possible tendency toward bias in judgment of episodes. Reliability checks were done on six meetings with the assistance of a graduate student and dates were masked to eliminate bias.

SAMPLE CODING OF STAFF STATEMENT

| | | |
|---|---|---|
| 10/14/71: Well, you're talking yourself right into a job! | *Attempt to initiate social contact* | $T_{3B}$ |
| Now at this evening meeting tell us whatever you are interested in. | *Asking for opinion* | $T_{5B}$ |
| Another reason for going to Pacific Oaks is that they will be your resource and will be sending, hopefully, students into the homes. | *Giving information* | $T_{6A}$ |
| The students have really learned a lot from being in FDC homes--you've been the teachers. | *Raising others' status* | $I_{4B}$ |
| Are there any more suggestions on this no-interest loan? | *Asking for suggestion* | $T_{5C}$ |
| Another thing is, some of the mothers have felt the time has come for more than just discussing discipline. We thought it might be good to zero in on one topic at each meeting --perhaps do a little reading on the subject and be prepared rather than just talk. Yet some want the meetings to continue as they are. Now I would like to know how you feel about future meetings. | *Introducing topic, channeling discussion*<br>*Gives suggestion*<br>*Asks for opinion* | $T_{3A}$<br>$T_{6C}$<br>$T_{5B}$ |

Our use of the Prescott observational schedule, adapted to analysis of verbal inaction, was a pilot study and comparatively unsophisticated by research standards, but we feel it not only provided us with some quantitative indication of group growth but holds much potential for future use. We would like to have used it to analyze WATCH organization meetings, for there the greatest growth appeared to be occurring.

In retrospect, we feel that some of the categories could be collapsed both for greater efficiency and to improve reliability. Reliability figures (pp. 221-222) indicate that the second-level coding required refinement in criteria for making judgments. We were not able to spend a great deal of time on discussion of coding categories, a factor found to be of considerable importance in achieving observer reliability in the Prescott observational studies. (It should be noted, however, that very little practice reduced the percentage of difference in reliability figures). In addition, coding written transcripts made it difficult to decide whether statements were self-initiated or directed in response to another member's comments; it was particularly difficult to determine whether the speaker was responding to a staff member or to another group member, or the group in general. Coding in the actual interactional context of the meeting would probably be more accurate since one could pick up additional cues from body language. We felt, however, that this could be disruptive to the Meetings, and we worked only with the transcripts. (We did use the original tapes, however, to identify speakers and could thus determine meanings through inflection.)

One of our major problems was that linguistic behavior has many more layers of complexity than physical behavior. We did find that, with practice, our reliabiliby improved rapidly, but we were handicapped by having little time to discuss and refine categories before using them. The highest degree of reliability was achieved in coding staff episodes; the most difficult to assess were the most complex statements: namely, those which were assigned to the integrative categories. In some cases, the number of choices possible prompted arbitrary decisions.

The criteria for the second-level topic segment category were sometimes difficult to apply because boundaries between subjects were less clear than those defining physical activities.

In spite of these drawbacks, however, we found the categories to be workable, and the results of the studies confirmed our hypotheses as well as yielding some unexpected findings.

Amount of Thrusting Behavior: An average of nearly 50% of all episodes in all meetings, for both Project years, fell into the Thrusting (self-initiated) category:

THRUSTING EPISODES FOR FDCMS

| | First Year Average | Second Year Average |
|---|---|---|
| Simple statements (personal need gratification) | 9.6% | 4.2% |
| Initiating social contact | 1.4 | 1.6 |
| Giving information | 15.1 | 16.4 |
| Asking for information | 5.1 | 6.0 |
| Giving opinion and suggestion | 12.8 | 14.4 |
| Asking for opinion and suggestion | 1.3 | 2.4 |
| Other: channeling discussion, etc. | .1 | .6 |
| Total Thrusting | 45.4% | 45.6% |

For individual meetings, however, there was wide fluctation, particularly for statements relating to personal matters--Mills' individual need gratification (see graph). In the first meeting of the Project, 20% of all episodes were statements in that category. Three other meetings in the year had a total of over 10% personal statements. Only one meeting--which we will discuss later as an example of an ineffective meeting--in the second year had an average of 10% episodes in that category; three had none; the others had 5% or below. The trend was a marked, though irregular, decrease of individual need-gratification episodes.

Information-giving varied widely with meeting content: The second meeting of the Project, in which we sought to learn about FDC, had 30% opinion-giving episodes, covering over a dozen topics--children's play (male-female roles), the student

role, separation anxiety, parents' need for counseling, hours children were cared for and fees charged, equipment and play materials, feelings of responsibility for others' children, food and naps, infant care and sick children, discipline, and special services. One of the "learning experience" meetings in the second year had 30% such episodes; it also had as a group member one of the most highly verbal of the FDCMs.

Giving opinion and suggestion began to rise in the second year as FDCMs began to feel a stronger sense of role identity and direction, and we encouraged more active participation in group problem-solving. Levels were high in the first meeting of the year as we urged groups to think about how the Project could best meet their needs, and we discussed group efforts--i.e., the no-interest loan, use of Field Faculty, the formation of the FDCMs' organization.

Responsive Behavior: The averages for responsive episodes dropped by 12% from the first to the second year as members moved into more comfortable and active roles, and staff engaged in less information seeking. Each of the six categories showed a decrease in the second year:

**RESPONSIVE EPISODES FOR FDCMS**

| | First Year Average | Second Year Average |
|---|---|---|
| Simple statements (personal need gratification) | 3.8% | .6% |
| Simple agreement | 6.7 | 6.2 |
| Defending self | 1.0 | .3 |
| Giving information in response | 22.2 | 18.0 |
| Opinion and suggestion in response | 8.9 | 5.8 |
| Other | 2.1 | 1.4 |
| Total Responsive | 44.7% | 32.3% |

Integrative Behavior: The most revealing category, and the one which confirmed our hypothesis concerning growth was that containing the integrative episodes:

INTEGRATIVE EPISODES FOR FDCMS

| | First Year Average | Second Year Average |
|---|---|---|
| Problem-solving | 1.2% | 6.5% |
| Contributing new ideas | 2.7 | 5.2 |
| Generative statements | 1.9 | 6.2 |
| Other: raising status, interpreting, etc. | 2.3 | 3.2 |
| Total Integrative | 8.1% | 21.1% |

It was in the integrative category that the most steady growth toward perceiving group goals, as well as formulating individual child-care philosophies and methods, occurred. (See Graph) All the second year meetings except two showed percentages of 15% or above (one of the "learning experience" meetings had a total of 41.9%). The exceptions were the First Aid meeting, in which the authoritarian-oriented presentation by the resource person discouraged integrative behavior on the part of FDCMs, and a meeting in which we had no interpreter to translate for the Spanish-speaking FDCM. The fact that only three group members were present in this meeting was an added factor contributing to its lack of integrative episodes.*

In the first year, problem-solving episodes never reached more than 3% in any one meeting; generative totalled no more than 4%; and idea-contribution, no more than 6%. In the second year three meetings contained over 12% problem-solving, six contained over 5% idea-contributions, and eight contained over 5% generative. The last meeting of the second year, in which the resource person skillfully drew out FDCMs and developed awareness of child-oriented methods of dealing with "problem" behavior, evoked 18% problem-solving behavior.

Increase in Discussion of Group Goals:

The greatest advance of all was indicated by the results of the second-level coding which registered the increase in percentage of topic segments (See Verbal

* The analysis of those meetings indicates clearly that the group must have appropriate help from its leaders to facilitate integrative behavior and movement from level to level.

Coding Schedule on page 218 for definition). A topic segment was defined as a discussion involving more than two group members which focused on our topic (i.e., discipline, food, et cetera) for a duration of more than 15 episodes. It was assumed that the greater the number of topic segments, the greater would be the group's interest in common goals and group task-orientation. The topic itself was considered to be an indicator of growth; if the members continued to discuss the same topics (i.e., food) on an elementary-level, then one might assume little growth--defined as moving toward group objectives--was occurring. One of the main factors an analysis of topic segments indicates is conceived to be continuity of discussion.

**TOPIC SEGMENT EPISODES**

| Meeting # | First Year | Second Year |
|---|---|---|
| 1 | ----- | 53.8% |
| 2 | 20.1% | 41.5 |
| 3 | 24.0 | 19.3 |
| 4 | 23.1 | 76.4 |
| 12 | ----- | 87.6 |
| 13 | 32.2 | 88.4 |
| 14 | 33.3 | 68.9 |
| 16 | 36.9 | 41.1 |
| 23 | ----- | 100.0 |
| 24 | 48.7 | 100.0 |
| 25 | ----- | 98.6 |
| Average per meeting | 21.8% | 70.5% |

An average of little more than 20% of the total episodes in first year meetings was devoted to the discussion of an issue in a continuing, involved exchange of views, indicating commitment to group goals. These topics primarily covered such technical matters as:

--Emergency medical forms
--Art supplies and play equipment
--Food

and problems with which individual FDCMs were concerned:

--Discipline and behavior problems
--Relationship with parents: value conflicts and exploitation.

In the second year, an average of 70% of the episodes and nearly 100% in the last three meetings, was devoted to group discussion of topics for a significant time span. In the first four meetings, future group objectives were discussed:

--Recruiting and guidelines for Field Faculty
--No-interest loan
--Meeting content.

In addition, FDCMs talked about meeting parents' and children's needs:

--Helping children to adjust and counseling parents
--Understanding infant behavior.

In the second year, approximately 75% of each meeting for which a topic had been proposed ahead of time was devoted to that topic. (100% of the episodes in the "learning experience" meeting were devoted to discussion of the specified topic.) 100% of the last two meetings' episodes focused on pre-determined topics --including "special needs" children.

Progress was never completely smooth, however. In one recent meeting, we found ourselves without a translator, engaged in a wild charade attempting to guess the meanings of a Spanish-speaking FDCM, who enacted with great vivacity the anecdotes of her experiences with her FDC children and parents. (Staff comment: "It was a fun meeting because there was a lot of body language used--but I must brush up on my Spanish; it also points out the need for a translator.") In addition, only three FDCMs were present, which reduced the amount of significant interaction. As a result of unanticipated consequences, 65% of the episodes were responsive (to the charade); only 5% were integrated, and 3% uncodable (most were in Spanish). In the meeting in which the First-Aid "lecture" became a throw-back to the first year's discussions on discipline, 73% of the episodes were thrusting (including 10% simple statements, 15% responsive and only 8% integrative); 10% of staff episodes were rejecting, in the effort to counteract the effect of the authoritarian approach of the resource person. Assuming, as we had, that a balance in modes of interaction was desirable, these two meetings were representative of

deficiencies in leadership style as well as other variables, some of which were beyond our control (i.e., group size).

Leadership Style: Modes of Communication by Staff

Distribution of staff episodes showed a somewhat different pattern than that of FDCMs:

EPISODES IN MAJOR CATEGORIES

| | First Year Average | | Second Year Average | |
|---|---|---|---|---|
| | FDCM | Staff | FDCM | Staff |
| Thrusting | 45.4% | 67.3% | 45.6% | 59.1% |
| Responsive | 44.3 | 10.0 | 33.3 | 12.3 |
| Integrative | 8.1 | 22.7 | 21.1 | 27.4 |
| Rejecting | 1.0 | ---- | ---- | 1.2 |
| Couldn't code | 1.2 | ---- | ---- | ---- |
| Total Percentage | 100.0% | 100.0% | 100.0% | 100.0% |

Self-initiated episodes dropped 8% while integrative rose 5%. Although figures are too small to be statistically significant, it is interesting to note that while FDCMs seemed to become less abrasive (as indicated by the Rejecting Category), staff showed a reverse trend--a reflection of a purposive attempt to employ conflict as a growth-producing element.

THRUSTING EPISODES FOR STAFF

| | First Year Average | Second Year Average |
|---|---|---|
| Encouraging participation, channelling discussion | 10.4% | 7.8% |
| Giving information | 11.4 | 10.8 |
| Giving opinion and suggestion | 8.8 | 11.9 |
| Asking for information | 21.5 | 16.1 |
| Asking for opinion and suggestion | 8.4 | 8.8 |
| Other: personal statement, social contact | 6.8 | 3.7 |
| Total Thrusting | 67.3% | 59.1% |

In general, it can be noted that there was increasingly less emphasis on information-gathering and attending to channeling the discussion (there was more pre-planning of meeting topics), involving all the participants (group members had become increasingly confident and less hesitant about sharing their views), and supporting individual expressive need (self-gratification was being displaced by group needs).

Responsive episodes mainly represented giving of information, and indicated little change in behavior except in response to personal statements, which had decreased in FDCMs' comments.

Integrative statements by staff never fell below 15% and in one case--a "learning experience" meeting--rose to 53.6%.

INTEGRATIVE EPISODES FOR STAFF

| | First Year Average | Second Year Average |
|---|---|---|
| Problem-solving * | .9% | 1.6% |
| Clarifying and interpreting | 11.3 | 11.9 |
| Contributing new ideas | 1.1 | 2.4 |
| Supporting self-esteem | 8.2 | 5.9 |
| Generative | .6 | 5.6 |
| Total Integrative | 22.1% | 27.4% |

While the need to support self-esteem appeared to diminish, the need to provide feed-back to clarify and interpret statements--continued. The number of generative episodes began to rise as we took a more positive role in making our position clear, with regard to what we perceive to be good child-rearing practices.

The analysis of staff modes of interaction provides an insight into the kinds of behavior which made up that leadership style. The time spent by staff in meetings was distributed among a number of functions or task roles, essential to the developmental group process:

---

* Problem-solving behavior did not appear until the last four meetings and then averaged 3% per meeting.

INITIATING AND CHANNELING ACTIVITY:

*Today we want to talk about some of the problems we have and the direction you want to go for the next few meetings.*

*How do you feel about that, Ms. Jung?*

Introducing new topics, channeling discussion, encouraging participation was an important function and primarily the responsibility of the staff as facilitators of group growth. An average of 10% of the episodes in each first year meeting and 8% in the second year were devoted specifically to this role. This involved the important gatekeeping function, making certain that each group member, including the less verbal and assertive and the Spanish-apeaking members of the group, had an opportunity to contribute their opinions and ideas. Moving discussion from the level of meeting individual needs to group problems required understanding of immediate as well as long-term goals.

GIVING AND ASKING FOR INFORMATION:

*We would like you to know the resources Pacific Oaks can provide.*

*How do you work with parents?*

Although an average of 11% of all episodes was devoted to the function of giving information, the number varied greatly between meetings, depending on the purpose of the meeting. The figure rose as high as 25% for one of the early meetings in the first year, when we were beginning to develop group consciousness of means for self-help, compared with 8% for the second meeting in the second year. In the first year we were most interested in information gathering; figures never fell below 25% for the first seven meetings in the sample. An average of 21% of episodes in the first year, compared with 16% in the second year, was devoted to asking for information.

GIVING AND ASKING FOR OPINION:

*Do you think it is bad if a child cries when the mother brings him?*

This involved looking for an expression of feeling about something from

members, seeking clarification of values, suggestions, or ideas, as well as giving opinion and suggestion. Approximately 13% of all episodes were devoted to this function; highest levels in the first year occurred during the checklist meeting when we were trying to determine what should go into the guidelines for users and care-givers.

GIVING AND ASKING FOR SUGGESTIONS:

*How should a FDCM handle separation problems?*

An average of 3% of episodes in the first year fell into these categories, while almost 9% were recorded for the second. There was a steady rise in our effort to elicit problem-solving behavior; two of the second-year meetings registered 11% episodes in that category. (It was often difficult to decide whether statements should go into this category or into the problem-solving or new-idea category; this is an area which needs refinement. Possibly the three categories should be collapsed for greater accuracy and ease of decision-making. Generally, the criterion for choice was to place comments regarding child-care into this category and comments related to group problem-solving i.e., organization, et cetera, into the other two.)

INTEGRATIVE ACTIVITY:

An average of nearly 23% of all episodes in the first year and over 27% in the second were devoted to facilitating individual and group growth and development:

--Raising feelings of self-esteem, building status.

*We want you to know we think you are very important to young children.*

Eight percent of the statements in the first year and 6% in the second were devoted to this function. The trend was toward less emphasis in later meetings, but it never completely disappeared; we recognized this as a continuing need, the importance of which was greatest in the early, trust-building stages.

--Providing feed-back: interpreting, clarifying statements of others.

*In other words, you're saying...."*

This appeared to be a consistent category averaging nearly 12% which showed little fluctation, although one meeting (about "learning experiences")

showed a level of 28%. An important part of the growth process, apparently, is the need for group leaders to continually help members in clarifying their own and others' thoughts by providing this kind of feed-back.

--Problem Solving and Contributing New Ideas.

*Perhaps we could take a field trip to the farm in Altadena with all the children.*

*Water-play might be a good way for that child to learn about science as well as release his emotions.*

An average of approximately 2% of staff statements in the first year and 4% in the second fell into this category. The figure tends to be low since we were more anxious to elicit this kind of behavior from FDCMs than indulge in it ourselves. We did try to be role models; 8% of the episodes in the "learning experience" meeting were devoted to this behavior, primarily by the resource person.

--Generativity.

*There is a fine line between when children are ready to take responsibility and when we must take it ourselves. It varies with each child...one of the best things about FDC is that you have the time, you can figure out when that time is with each child.*

We engaged in very little of this behavior ourselves (less than 1%) in the first year, preferring to let the FDCMs themselves formulate their own conclusions. But the figure rose to nearly 6% in the second, with a total of almost 20% in the "learning experiences" meetings and 17% in the "special needs" meeting, as we became more positive in our statements regarding quality child care. Our own growth and change is perhaps reflected in this trend, as well.

## Comparison of Individual Meetings

A more intensive analysis of data would provide a more satisfactory explanation of the effect of the many variables involved which conditioned the behavior in specific meetings. Yearly averages do not reveal variations as a result of the point in the cycle, number of members attending, topics discussed, et cetera. Meeting composition, including the personalities of those involved, is also a factor; we knew, in fact, that some meetings would contain more personal-statement episodes, some more generative because some members were more generative or more verbal than others. (One thing time did not allow, which we feel would have been valuable, was an analysis of individual members' statements over time.)

We chose a sample of meetings to compare in order to examine more closely some of the differences between meetings and why they seem to have occurred:

EPISODES IN SELECTED CATEGORIES FOR FDCMS

| Category: | Oct. '70 | Jan. '72(A) | Jan. '72(B) | April '72 |
|---|---|---|---|---|
| Personal need-gratification | 16.5% | --- | 1.0% | --- |
| Total Thrusting | 60.3 | 54.6% | 23.7 | 38.6% |
| Total Responsive | 32.2 | 21.8 | 45.3 | 44.6 |
| Problem solving | --- | 3.4 | 14.4 | --- |
| New Ideas | --- | 2.5 | 6.2 | --- |
| Generative | --- | 13.4 | 8.2 | 15.4 |
| Total Integrative | 5.0 | 23.5 | 29.8 | 18.0 |
| Reciprocal discussion between FDCMS | 8.3 | 13.4 | 46.4 | 12.0 |
| Topic segment (group discussion) | 24.0 | 68.9 | 87.6 | 98.6 |

In the first (Oct. 1970) meeting, discussion covering nearly a dozen subjects ranged from the contract with parents, infant care, sick children, atypical children, eating problems, the ages of children FDCMs preferred, et cetera, to the Toy-Loan, exchanging phone numbers, and socializing in general, but discipline was the main topic, and opinions focused on the timing and techniques of spanking. Several of the members, including one who dropped out of the Project later in the year, were strongly authoritarian and delighted to have the opportunity to voice their individual viewpoints. By January 1972, the group (B in the Table), containing only one of the original members, was discussing one mutual problem--"Kevin."* They were particularly concerned about helping one member meet the needs of such a child and became involved in a great deal of reciprocal problem-solving behavior, responding to one another's concerns. Fully 87% of the episodes were classified as making up topic segments; integrative episodes accounted for nearly 30% of the total. (Total number of FDCM episodes for this meeting was 97, compared with 121 for the first.) The next meeting had as one of its members a

* "Kevin" was the hypothetical arch-type of the active four-year-old often labeled "bad" by parents, teachers, and some FDCMs.

highly generative FDCM, who contributed most of the $I_5$ episodes. Nearly 40% of the FDCM statements were classified as giving information and opinion since the group had two highly articulate members and all had cared for a "Kevin" at one time or another. (Interestingly enough, three of the episodes were "building self-esteem" by FDCMs.) The total number of episodes rose to 119. The tenor of the conversation had changed from the October 1970 meeting ("In a week's time I can tell the kind of punishment a child should have") to a consideration of children's needs ("Don't ever tell them they are bad. Just let them know you love them." "The mother said she gave him two real good whippings, but I said I didn't think that was the thing to do; she should have sat down and talked with him.") In April, the Jan.A group, with the addition of a new member, met with the resource person--the director of a therapeutic nursery school--to discuss behavior problems. At this meeting, 3% of staff episodes were rejecting. Staff logs note:

> *The resource person was asked to come to this meeting to specifically speak to the issues raised by Ms. Baker and Ms. Green in terms of some of their very punitive disciplinary actions. It is interesting to note this historically because there was a great deal of feeling afterward that perhaps we came on too strong in our approach with the women. In the past, the peer or colleague relationship has handled the methods used by these women and our thinking was we needed to have an expert come and perhaps give alternate ways of dealing with the problem.*
>
> *I had talked to June Mayne in advance and warned her of the problem, and she came through in just the way I had asked her to --she was quite direct, she came on very strong as to what was happening with discipline. In a couple of instances, she asked questions which indicated her position on the disciplinary methods used--that they were too punitive and not age-appropriate. One had to do with the length of time the discipline was carried on-- one week of punishment was prescribed by Ms. Baker--I became quite direct with Ms. Green in dealing with parents and I would say this had been a fairly direct meeting.*
>
> *After the meeting, we talked informally about the FDCMs' meeting that morning and several issues were raised. One had to do with the fact that we were dealing with mothers who had been in the program for some time and other mothers who were new to the program and we were being fairly direct without first building a trusting-relationship.*
>
> *Should we separate these women and have a group of new people in the program and keep them on a certain level and keep people who*

*have been in the program a while in another group and keep them on a different level? While we individualized each group, my own feeling is that in a sense it is like members of a family; while it is true you treat your first child in a very special way, your second child really needs to come along and needs to come along even faster, probably--or maybe slower, depending on where you are. So, I feel our relationship with the staff and FDCM and the students--while it is true that the mothers newer to the program are being brought along a little faster, I am not sure that it is harmful.*

*We may have learned something from our first experience with the FDCMs last year. Also, I think that our position has changed and that the relationship between our group has to be one of balance and there has to be something in it for everybody. Maybe this is a rationalization, but I remember we consciously decided to put old and new members together so that the peer relationship could bring some of the newer mothers up faster.*

*I believe this is so and while we have been direct, we were direct last year, too. My own feeling is that Ms. Green and Ms. Baker still do perform excellent jobs in what they do but there are some things that probably need improvement and I have some very strong feelings in terms of what happens with them in the discipline area.*

*I think another issue that was raised was, should we let the mothers be the only ones to make corrections and should the peer relationship be the way of making the corrections. I think we are finding that doesn't always work, especially when it comes to discipline. I think it does work when it comes to other areas because there's enough diversity. I think the matter of discipline is really a very difficult key one. What happens when the expert is direct? I think that is why we brought the expert in but does this raise other issues? I think we also have to think of the difference between our meeting last week and this week's.*

*It was interesting to me that the staff felt much more comfortable in terms of my direct intervention at Ms. Jung's (the First-Aid meeting) than they did at the one in the Center. We did not agree with the expert last week, and this week I think we more or less did. Perhaps I have to reappraise my whole position. I guess I find myself feeling like I am out front and there are some things I need to say that are meeting my own needs. I guess I do have to watch that.*

*It was interesting, too, that in the Center Meeting I was sitting facing Ms. Green and she was watching to see what my facial attitudes were toward the women who were speaking. She wanted to know where I stood. I have a feeling that very often my face does give these things away.*

These comments emphasize the necessity of constant self-appraisal of the leadership role and adjustment to the demands of the specific situation. The

development of a group--like that of a child--is not a steady forward movement. It has its ups and downs and required constant assessment of need to guide it in the right direction.

What Makes a "Good Meeting"--and a "Bad" One

In the spring of the first year, we used a series of mothers' meetings to attemps to draw up a checklist of the ingredients which make up a good child-care environment, to be used by both mothers and users. In two of the meetings we asked the mothers for their opinions and suggestions; in two others, we read to them what others had written, and made our own suggestions. (Students sat in on the latter meetings and contributed their ideas.) In a seminar discussion the meetings were analyzed:

> *Staff: Two of the meetings were swinging, two were "blah." In the first two we said, "Well, tell us and we'll put it on the board." In the next two meetings, we compiled it, put it on paper, handed it out. It didn't work--they didn't participate. They hadn't gone through the whole process. Eva (Schindler-Rainman, the "expert" on use of volunteers) used their own words (in her meeting with the FDCMs).*
>
> *Student: Sue and I helped kill the meeting. We used our words, not theirs. I remember using the word "hygiene" and everything stopped. They couldn't talk after that...it was the death of a meeting!*

Our analysis of a "good" and a "bad" meeting revealed some of the problem areas:

EPISODES IN MAJOR CATEGORIES

| | "Good" Meeting | | "Bad" Meeting | |
|---|---|---|---|---|
| | FDCM | Staff | FDCM | Staff |
| Thrusting | 44.6% | 46.7% | 50.8% | 69.4% |
| Responsive | 25.0 | 19.1 | 37.4 | 15.3 |
| Integrative | 30.4 | 34.2 | 10.1 | 15.3 |
| Rejecting | ---- | ---- | 1.7 | ---- |
| Mutual discussion between FDCMS | 10.1 | ---- | ---- | ---- |

In the "good" meeting the ratio of staff responses and integrative statements to those in the "bad" meeting was two to one. In the second meeting, the percentage of thrusting episodes in staff comments was greater by nearly 25%. FDCMs in the first meeting exhibited nearly three times as many integrative behaviors (including 17% of total episodes represented by "new ideas contributed" and 8% "problem solving"). In the second, there was no reciprocal group discussion between FDCMs, as there had been in the first, and responding behavior was higher by 10%, indicating that they were not carrying the ball in the manner the first group had done. Another item of interest is the fact that in the second meeting 22 (18%) of the episodes were directed by staff to other staff (including students), while none were registered in the first meeting. Like teachers in nursery school (or mothers) who spend their time talking to other adults instead of attending to the children, the staff and students--innocently enough--failed to perceive the needs of the group.

Center Meetings as Change Agent

We have heard FDCMs consistently refer to the positive value of the Center Meetings. ("I think this is really good to meet as a group and exchange experiences.") The transcript analysis gave us a means of seeing what was taking place. A comparison of the first meetings of each year gives an indication of areas of growth as well as continuing needs:

COMPARISON OF FDCM BEHAVIOR AT FIRST MEETING EACH YEAR

| | Episodes in each category | |
|---|---|---|
| | Sept. 1970 | Sept. 1971 |
| Personal need gratification | 20.0% | 8.5% |
| Giving information | 8.3 | 3.4 |
| Giving opinion | 5.5 | 18.8 |
| Giving suggestion | ---- | 6.0 |
| Total Thrusting | 40.8 | 44.4 |
| Personal response | 11.0 | ---- |
| Giving information in response | 26.2 | 11.1 |
| Total Responsive | 53.8 | 34.2 |
| Problem-solving | ---- | 6.0 |
| Adding new ideas | 1.4 | 6.8 |
| Generative | ---- | 5.1 |
| Total Integrative | 2.8 | 21.4 |
| Topic segments | ---- | 53.8 |

## COMPARISON OF STAFF BEHAVIOR AT FIRST MEETING EACH YEAR

| Category: | Episodes in each category | |
|---|---|---|
| | Sept. 1970 | Sept. 1971 |
| Simple statement | 7.8% | ---- |
| Giving information | 7.8 | 13.2% |
| Asking for information | 27.8 | 10.0 |
| Asking for opinion | 6.9 | 6.2 |
| Asking for suggestion | ---- | 8.5 |
| Total Thrusting | 71.3 | 57.4 |
| Total Responsive | 4.3 | 14.7 |
| Interpreting, clarifying | 12.2 | 13.2 |
| Adding new ideas | ---- | 3.1 |
| Mutual discussion between FDCMS | 12.2 | 8.5 |
| Total Integrative | 24.4 | 27.9 |

For FDCMs the trend appears to be in the direction of:

--Fewer instances of immediate need gratification.
--Greater opinion- and suggestion-giving.
--Less responsive and more integrative behavior.
--Greater group cohesiveness in discussion of group goals.

For Staff:

--Less information-seeking, more information-giving, and more suggestion-eliciting.
--Less thrusting and more responsiveness.*
--More emphasis on problem-solving and less on developing self-esteem.
--Equal amount of feed-back in clarifying and interpreting.

We compared these figures with one of the February 1972, meetings on learning experiences:

## FEBRUARY 1972 MEETING

| Category: | Episodes in each category | |
|---|---|---|
| | FDCM | STAFF |
| Simple need gratification | -- | -- |
| Giving information | -- | 5.1% |
| Asking for information | -- | 4.1 |
| Giving opinion | -- | 12.4 |
| Asking for opinion | -- | 1.0 |
| Asking for suggestion | -- | 8.2 |
| Total Thrusting | 49.9% | 42.3 |
| Total Responsive | 8.1 | 4.1 |
| Problem-solving | 18.9 | -- |
| Adding new ideas | 17.6 | 8.2 |
| Supporting self-esteem | -- | 5.1 |
| Generative statements | 4.0 | 19.6 |
| Total Integrative | 41.9 | 53.6 |
| Topic segments | 100.0 | -- |

* Varies greatly according to meeting content throughout the two years.

Information-giving had risen, while responsiveness had dropped sharply. But the greatest difference occurred in the integrative category, where the total was nearly twice that of the September 1971 meeting. The Thrusting and Responsive percentages had dropped for staff, but again, the figure for the Integrative category was nearly double that of September.

Generative statements, non-existent in the 1970 meeting and only 1.6% of the total in 1971, had risen to almost 20%--the highest total of any meeting. This frequency was due primarily to the presence of our resource person, who communicated warmly and well the importance of the kinds of learning experiences which can so effectively take place in the home.

The Role of the Peer Group in Changing Attitudes

Approximately 12% of episodes, on the average, in first year meetings and 15% in the second year were devoted to mutual discussion of subjects among FDCMs. This took the form, in the earliest meetings, of providing social contact and developing group cohesiveness. As time progressed, and groups began to discuss specific topics, it became a means of problem-solving related to common concerns of the group. The highest percentage--46%--occurred during the "Kevin" meeting in which behavior problems were discussed and the group actively involved itself in supporting each other and exploring non-punitive means of dealing with problems. It appeared that reciprocal exchange in early meetings served to meet individual needs for support with a "do-you-have-that-problem-too" approach, while in later meetings a more objective, goal-oriented "how-about-trying-this-method" orientation began to develop. The sharing of ideas among peers appeared to be a powerful force in changing attitudes and behavior and we encouraged it, but were constantly aware of times at which we needed to provide our own input. While we constantly reaffirmed our position that there is no one right way in child-rearing, we did let it be known that we believe there are wrong ways. It was not until the end of the second year, however, when group members had had the opportunity to build a

positive self-image and some feeling of power that we became more aggressive in the role of change agent.

Group Size

Group size is undoubtedly an important factor in the effectiveness of such meetings. We did not, unfortunately, have the time or resources to undertake a multi-variate analysis of the kind which has made the Prescott researches so valuable, but we would hypothesize that there is an optimal group size, above and below which the effect on the interactional context is negative. Meetings in which three or less members participated tended to be unproductive. In one meeting (not part of the sample) in which only two FDCMs were present, the format reverted to that of earlier meetings (partly due to lack of staff planning) and would have undoubtedly yielded, under analysis, a high frequency of personal statement and responsive, non-integrative episodes. Group size tended to be larger, on the average, in the second year because we had four more Project FDCMs. With two staff members, a resource person, and an occasional student, the group generally was composed of eight to 10 people. Eight appeared to be an optimal number; more seemed to inhibit discussion, less tended to make it less stimulating.

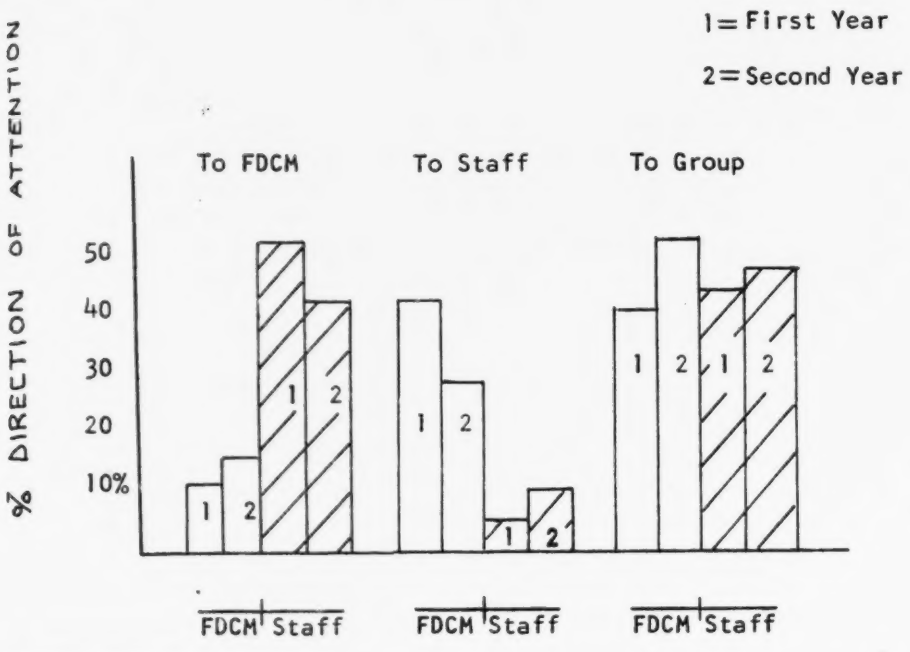
We found it important to guard against top-heaviness with staff and resource personnel. Not only could too many in one meeting be threatening, but the flow of communication tended to be cut off. We had learned from the previous year that it was important--and not easy--to keep a balance between staff and FDCM input. One of the most critical functions of the leader or facilitator is to keep a moment-by-moment check on the group dynamics and to know when to advance--and when to retreat. The Project director and assistant director worked effectively as a team, one taking the instrumental role and the other the expressive, and the most effective meetings were those in which they both were present, complementing one

another's special skills.*

Direction of Response

In addition to categorizing mode of response, we also coded direction, i.e., whether group members were speaking to a staff member, a FDCM, or the group as a whole. Working with written transcripts caused some problems in determining precisely to whom a statement was addressed, but we feel the data give an accurate indication of the trend of the discussions. The figures show that FDCMs tended, over the two-year period, to talk less to staff, slightly more to other FDCMs and more to the group as a whole. Staff, on the other hand, spoke less to individual FDCMs, slightly more to other staff (we included resource persons in staff) and to the group:

DIRECTION OF RESPONSE: FDCMS AND STAFF




* The director notes: "It is good to have Yolanda in the Project, to have her frank and critical analysis of the movement of the Project. When one gets so close, it is hard to be critical and easier to just try and get through the day. With her bright, sensitive analysis she's refreshing and helpful, opening new horizons.

Summary

In spite of some technical shortcomings, we have been excited by the possibilities of such analysis. Our findings indicate that 1) a developmental process was occurring, and group growth did take place, over a period of time and 2) certain leadership functions were required; when they did not take place, their absence was associated with a lack of integrative behavior. Our conclusions from this brief study are that:

--The Center Meeting, as a small group, can provide important opportunities for FDCMs to develop the feelings of psychological success as well as the understanding of needs necessary to the care-giver role.

--It can provide, as well, an arena for developing competencies in group problem-solving necessary for the building of a self-help organization.

--As a developmental process, it takes time and acute awareness of where each individual, as well as the group as a whole, is at in terms of competencies and need for input from professional, outside resource persons.

--Progress toward individual growth as well as group cohesiveness does not occur automatically or smoothly; it must be facilitated by constant monitoring and providing of feedback, in the forms specified, by group facilitators.

--Planning for such a program of Center Meetings cannot follow a set schedule or curriculum but must meet needs as they occur at certain points in the cycle, keeping the long-range goals in mind. A balance must be sought between meeting the needs of care-givers as they see them and those who seek to upgrade quality of care. Hopefully, as growth occurs, the twain shall meet.

## DEFINITION OF CATEGORIES*

Thrusting Statements:

Provide new or additional input by actively seeking, initiating or offering. Self-initiated statements or questions related to:

Asking for or giving information, orientation, clarification, repetition, or confirmation.

Asking for or giving opinion, analysis, expression of feeling.

Asking for or giving suggestion, help.

Personal need-gratification statements.

Initiating social contact.

(Staff) channeling discussion, introducing new topic, encouraging participationg of group members.

Responsive Statements:

Same as first three above, but in response to another group member.

Simple agreement.

Receiving rejection; defending self.

Integrative Statements:

Statement shows both initiation and response to context, related to group goals. Response is individual but fits into continuity of discussion. Includes:

Problem-solving.

Repeating, clarifying, confirming another's statement.

Adding new ideas.

Support self-esteem

Generative statements, i.e., those which show an awareness of others' needs, and give indication of complex thought processes related to group goals.

Rejecting Statements:

Disagreement with another group member's statement; implying rejection, antagonism, deflation of status.

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* See Verbal Coding Schedule for examples.

VERBAL CODING SCHEDULE

THRUSTING

Thrusting outward, initiative--provides new or additional input by actively intruding, seeking, selecting, initiating, or offering.

$T_1$ Simple references to personal, idiosyncratic experience or generalized themes (anecdotal reference to own children, families, individual concerns unrelated to those of group.)

Examples: *I have a friend who is remodeling her house for a nursery school.*

*On weekends I take my teenager to Long Beach or skating; I don't even take a vitamin pill.*

*I would like a wagon trike.*

$T_{3A}$ Related to Group Dynamics; introduces new topic, channels discussion, encourages participation, etc.

Examples: *Today we would like to talk about learning experiences in the home.*

*I'd like to know what Ms. Moses does.*

*Ms. Brown would like to say something.*

$T_{3B}$ Attempt to initiate social contact. Expresses interest in, concern for another group member. Humor--tension release.

Examples: *Some time before the meeting can I give you a call?*

*Where is Ms. Holmes today?*

*You're talking yourself right into a job!*

$T_{5A}$ Asks for information, orientation, clarification, repetition, confirmation.

Examples: *What happens to the aggressive child in FDC?*

*How do you handle conflict between values in the child's home and in your home?*

*How many children do you care for?*

*You mean when you're there alone, or she's there, too?*

$T_{5B}$ Asks for opinion, analysis, expression of feeling, etc.

Examples: *What do the rest of you think?*

*How about you, Ms. Jung, would you want your own child spanked by the family day care mother?*

$T_{5C}$ Asks for suggestion, help.

Examples: *What are the things you would like to talk about?*

*Does anybody have any ideas?*

*How could we go about this?*

$T_{6A}$ Gives information, orientation, clarification, repetition, confirmation.

Examples: *This is why we have chosen graduate students to help, because they have a BA in child development.*

*We will have a story hour at La Pintoresca Library on Wednesday.*

*This is what we want to know, you see, because it might be unrealistic.*

$T_{6B}$ Gives opinion, analysis, expression of feeling, etc.

Examples: *I feel the student is teaching me.*

*I think that when children are a certain age they will do that.*

$T_{6C}$ Gives suggestion, help.

Examples: *I think we ought to talk a little about that.*

*I don't know if this is possible but why not ask Mothers Club if there is a home to meet in?*

*Maybe it would be nicer if the new mother brought her children to my house and the children could play together.*

RECEPTIVE/RESPONSIVE

$E_1$ Responds with a reference to personal, idiosyncratic experience or generalized theme.

Examples: Same as $T_1$ but in response to another's question.

$E_3$ Superficial, automatic response; agrees, understands, complies.

Examples: *I agree.*

*Yes, I do.*

*Okey.*

$E_4$ Receives rejection. Defends or asserts self.

Example : *You're not accepting children as human beings.*

*Yes, I am--I took the ones that came to me--I didn't pick them to match my own values.*

$E_{5A}$ Asks for information, etc. in response to group member.

Examples: *Did you care about the child after you gave it up?*

*Values in regard to what--the child or the place?*

$E_{5B}$ Asks for opinion.

Example : *Do you think he would know you meant what you said?*

$E_{5C}$ Asks for suggestion in response to group member.

Example : *What kinds of things could be done?*

$E_{6A}$ Gives information in response to group member.

Example : *Would you bring toys for your child?*

*If my child had a favorite that he enjoyed, I would take that along because the child is there most of the time.*

$E_{6B}$ Gives opinion in response to group member.

Example : *I'd like to hear your feelings.*

*I feel the meetings should be more or less structured so you stick to one point.*

$E_{6C}$ Gives suggestion in response to group member.

Example : *What topics would you like to discuss?*

*I'd like to know more ways of doing things with children.*

INTEGRATIVE

$I_{1A}$ Attempt at problem-solving, decision making related to another member or group goals.

Example : (Discussing no-interest loan)
*It would have to be paid by 12 months--a committee would be appropriate. We would first have to figure out our terms for returning the money.*

$I_{1B}$ Repeats, clarifies, confirms another member's statements. Interprets. Recognizes social implications of events; translates individual comments for the benefit of the group.

Examples: (Following FDCMs anecdote about parent)
*So you work with the parent on how they are to leave the child?*

*In other words, you feel the contract is between you and the parent?*

*I think another thing I hear Joyce saying is what did I do wrong? And I think parents we work with in FDC probably wonder, too.*

$I_3$ Adds new idea, develops new concept related to topic under discussion; contributes new information to further group goals.

Examples: (Discussing implementation of field faculty plan)
*I think instead of five field faculty we should rotate three mothers every month.*

*I wanted to mention this insurance--you know, this federated thing--I am glad I saw it cause I thought I would tell the day care mothers about it.*

$I_{4A}$ Reciprocal interaction. Takes part in mutual discussion between group members; gives evidence of involvement with other person.

Example:
*Ms. Alva: I think he might know.*
*Ms. Burt: Do you think he would?*
*Ms. Alva: He knows he's not doing well.*
*Ms. Cappa: You don't have to say it's a good report--you can just say he was improving.*
*Ms. Burt: You'd be halfway right.*

$I_{4B}$ Gives help, offers sympathy; shows solidarity, raises others' status, shows approval, appreciation.

Examples: *We would like to tell you how important you are.*

*We believe you have a lot to teach.*

*(One FDCM to another:) You are a parent and you've had all that experience--you can feel proud of yourself and how well you've done with your own children.*

*Thank you--that's beautiful. Maybe we can work something out.*

$I_5$ Sees pattern or gives structure to previously unstructured material. Generative statements; complex thought structure and concepts involved, philosophical interpretations relating to group beliefs, norms.

Examples: *You know, when you are dealing with a human being, sometimes books don't fit into that category and you have to discuss and know what others do. You can't*

*just take a human being and put him in a rigid form. There are different facets to his personality that don't always come in a book.*

*You have the responsibility of teaching a child how to get along because he is going to be in this world and he has to get along with other people and learn different things that his mother cannot teach him because she is away--. Your responsibility is to teach him, you know, how to behave in certain situations and how to reach people's minds and how to trust older people, to learn how to respect them and get along with all kinds of people, not just young people like themselves.*

REJECTION

Refuses input by rejecting or negating, directly or indirectly.

$R_1$ Disagrees with a group member's statement.

Example: *Love I give them, babying, no.*

$R_3$ Rejects; shows antagonism, deflates others' status.

Example: *You're only taking the children you pick to suit your own value system.*

TOPIC SEGMENT ($I_2$)

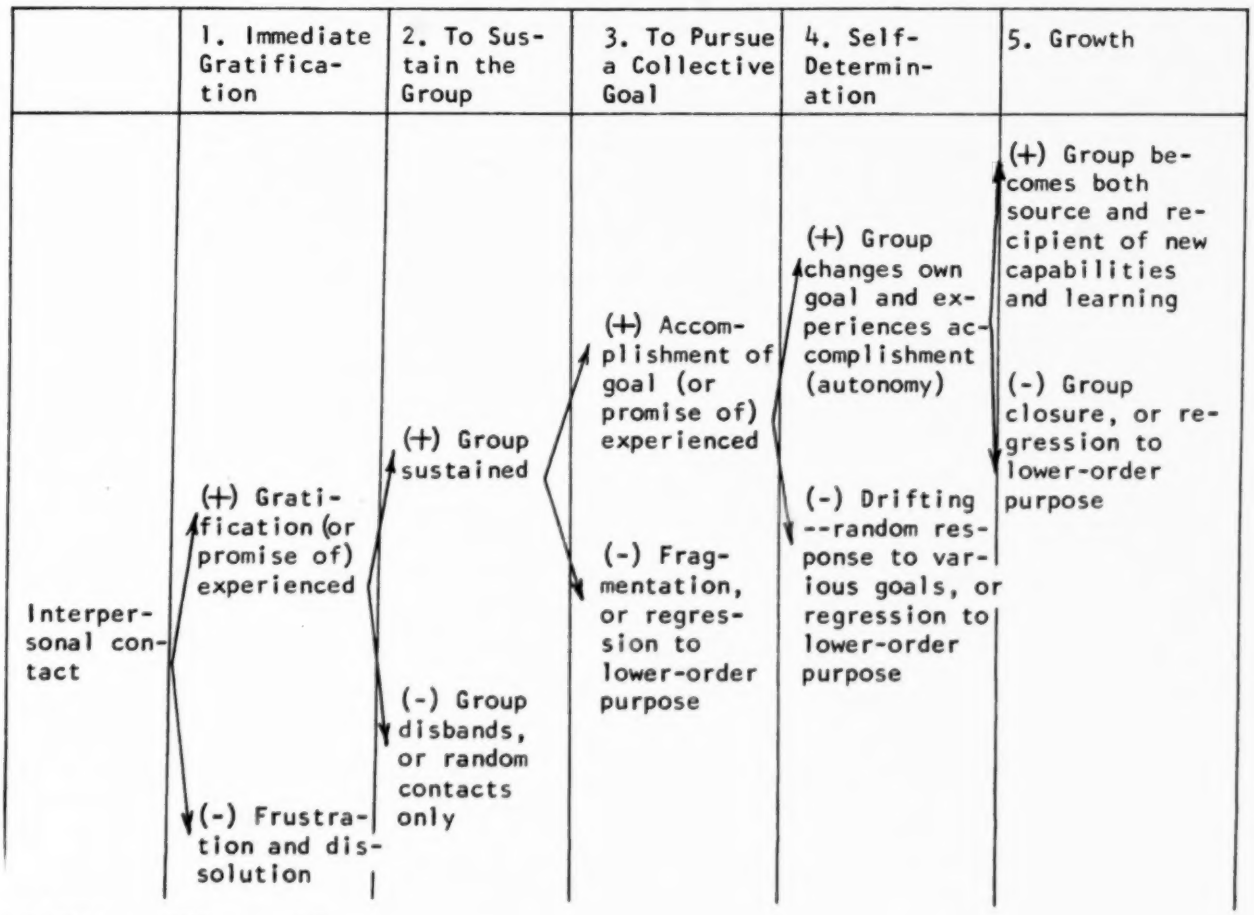
Discussion involving more than two group members focuses on one topic for a duration of a minimum of 15 episodes. Content indicates ongoing involvement with topic under discussion by both staff and FDCM group members (as opposed to simple dyadic, question and answer interchange).

Criteria: Staff and FDCMs see possibilities for discussion and act upon them. Indication of task-orientation must be present in statements of each sub-group $I_2$ segment identified qualitatively and quantitatively. (Qualitatively, by over-all climate of interlogues as opposed to dialogue and quantitatively, i.e., less than 15 episodes shall not constitute a segment.)

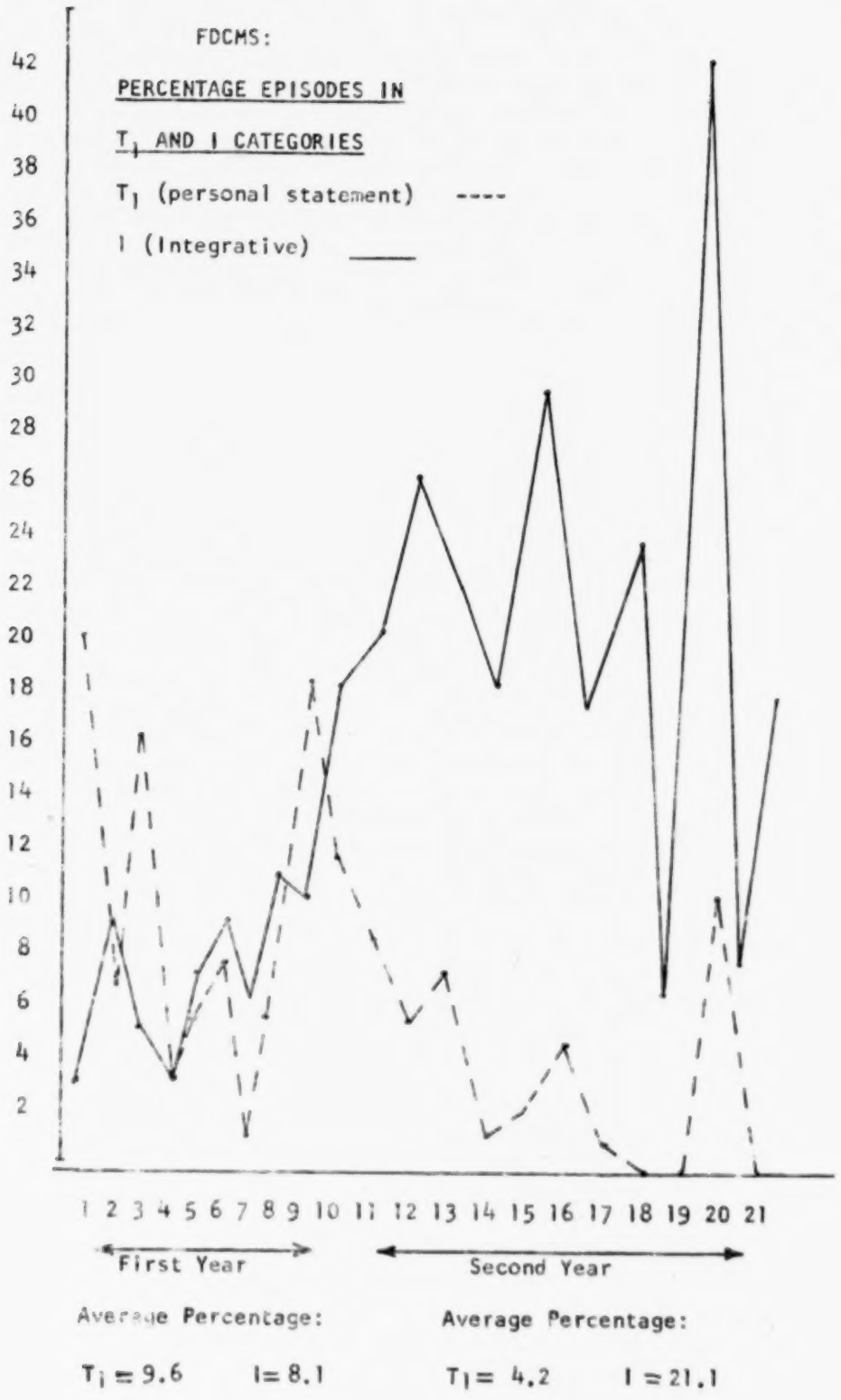
## MILLS' THEORETICAL MODEL FOR GROUP GROWTH

This table presents schematically the order of progression from initial interpersonal contact to the development of capacities for group growth. Orders of purpose are listed at the head of columns, and under each are charted both success in their realization (upward arrow) and failure (downward arrow). Success or failure, we have suggested, depends upon a complex arrangement of feedback processes, open channels, and role-systems, and ultimately upon the resolution of the issues which govern role-entry. Movement from one purpose to the next (from left- to right-hand column), we are now suggesting, depends upon two conditions: (1) success in accomplishing the lower-order purpose, and (2) conceiving, conveying, and inducing members to accept, the more advanced notion as their purpose. The critical steps in the entire progression are (1) <u>reconstituting</u> the group through adding new role-systems, and (2) <u>reorienting</u> the group through the induction of a more advanced purpose. It is these which are of strategic importance to the executive.

The Orders of Purpose
and the Cumulative Effects of Success *


1. Immediate Gratification
2. To Sustain the Group
3. To Pursue a Collective Goal
4. Self-Determination
5. Growth
Interpersonal contact
(+) Gratification (or promise of) experienced
(-) Frustration and dissolution
(+) Group sustained
(-) Group disbands, or random contacts only
(+) Accomplishment of goal (or promise of) experienced
(-) Fragmentation, or regression to lower-order purpose
(+) Group changes own goal and experiences accomplishment (autonomy)
(-) Drifting --random response to various goals, or regression to lower-order purpose
(+) Group becomes both source and recipient of new capabilities and learning
(-) Group closure, or regression to lower-order purpose

* Mills, 1967, p. 115.
(+) Purpose accomplished; (-) Purpose not accomplished.


FDCMS:
PERCENTAGE EPISODES IN
$T_1$ AND I CATEGORIES
$T_1$ (personal statement) ----
I (Integrative) ____
42
40
38
36
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
First Year
Second Year
Average Percentage:
$T_1$ = 9.6 I= 8.1
Average Percentage:
$T_1$ = 4.2 I = 21.1

## RELIABILITIES - PERCENTAGE OF DIFFERENCE

The first meetings to be coded (#4,5, and 6) indicate the greatest percentage of difference, particularly in the topic segment and reciprocal discussion categories. The definitions for these categories were clarified more fully during the course of the pilot study and the percentage of difference tends to be greater for the early codings. Integrative classification demanded more complex decision-making on the part of the coder, particularly with the FDCM episodes, and those figures tend to be higher as a result. Percentage of agreement tended to rise as criteria for inclusion of episodes in categories were defined more clearly through discussion and practice by coders.

### Reliabilities: Staff Percentage of Differences

| | $T_1$ | $T_{3A}$ | $T_{3B}$ | $T_{5A}$ | $T_{5B}$ | $T_{5C}$ | $T_{6A}$ | $T_{6B}$ | $T_{6C}$ | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 4.3% | 6.1% | 1.7% | 1.7% | 0.0% | 0.9% | 0.9% | 0.8% | 1.7% | 2.6% |
| 2 | 1.0 | 3.8 | 1.1 | 1.0 | 0.9 | 0.1 | 0.9 | 2.0 | 0.1 | 0.8 |
| 3 | 0.0 | 0.0 | 2.5 | 2.6 | 6.3 | 1.2 | 3.8 | 0.0 | 0.0 | 2.6 |
| 4 | 2.2 | 2.2 | 0.0 | 3.3 | 3.3 | 1.1 | 1.1 | 2.2 | 3.3 | 1.2 |
| 5 | 0.0 | 1.7 | 1.9 | 1.9 | 2.8 | 4.6 | 3.3 | 8.7 | 0.0 | 9.8 |
| 6 | 0.8 | 0.9 | 1.7 | 3.9 | 1.7 | 0.1 | 3.9 | 1.0 | 4.2 | 1.1 |
| Aver. (N=6) | 1.4% | 2.4% | 1.5% | 2.9% | 2.5% | 1.3% | 2.3% | 2.4% | 1.5% | 3.0% |

| | $E_1$ | $E_3$ | $E_4$ | $E_{5A}$ | $E_{5B}$ | $E_{5C}$ | $E_{6A}$ | $E_{6B}$ | $E_{6C}$ | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 2.6% | 0.9% | 0.0% | 0.0% | 0.0% | 0.0% | 1.7% | 0.0% | 0.0% | 0.0% |
| 2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 |
| 3 | 0.0 | 2.6 | 0.0 | 1.3 | 0.0 | 0.0 | 3.8 | 2.5 | 0.0 | 5.0 |
| 4 | 0.0 | 4.4 | 0.0 | 2.2 | 0.0 | 1.1 | 6.6 | 1.1 | 0.0 | 6.7 |
| 5 | 0.9 | 0.9 | 0.0 | 0.9 | 0.0 | 0.0 | 2.1 | 0.0 | 0.9 | 1.6 |
| 6 | 0.0 | 0.1 | 0.0 | 0.8 | 0.0 | 0.0 | 0.7 | 0.8 | 0.0 | 2.2 |
| Aver. (N=6) | 0.6% | 1.5% | 0.0% | 0.9% | 0.0% | 0.2% | 2.5% | 0.7% | 0.0% | 0.1% |

| | $I_{1A}$ | $I_{1B}$ | $I_3$ | $I_{4B}$ | $I_5$ | Total | Diff. in N |
|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 1.7% | 6.1% | 0.9% | 0.8% | 0.0% | 2.7% | 0.0% |
| 2 | 0.0 | 0.9 | 0.0 | 1.3 | 0.0 | 0.7 | 3.0 |
| 3 | 1.3 | 2.5 | 1.2 | 1.3 | 1.2 | 2.6 | 0.0 |
| 4 | 1.1 | 3.3 | 0.0 | 2.2 | 1.1 | 7.6 | 0.0 |
| 5 | 0.0 | 1.7 | 3.8 | 2.6 | 0.0 | 8.2 | 2.0 |
| 6 | 0.8 | 0.2 | 0.8 | 2.6 | 1.6 | 1.2 | 7.0 |
| Aver. (N=6) | 0.8 | 2.4 | 1.1 | 1.8 | 0.6 | 3.8 | |

## Reliabilities: FDCMS Percentage of Differences

| | $R_1$ | $R_2$ | Total | | $I_2$ | $I_{4A}$ | Total # |
|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 2.1% | 0.7% | 1.4% | | 0.0% | 11.0% | 2.0 |
| 2 | 1.6 | 0.0 | 1.6 | | 0.0 | 4.7 | 2.0 |
| 3 | 0.0 | 0.0 | 0.0 | | 12.4 | 12.7 | 5.0 |
| 4 | 0.0 | 1.3 | 1.3 | | 14.4 | 8.7 | 3.0 |
| 5 | 2.5 | 0.0 | 2.5 | | 6.5 | 9.0 | 11.0 |
| 6 | 0.8 | 0.0 | 0.0 | | 3.6 | 13.4 | 3.0 |
| Aver. (N=6) | 1.2% | 0.3% | 1.3% | | 6.1% | 9.9% | 4.3 #'s diff. |

| | $T_1$ | $T_{3A}$ | $T_{3B}$ | $T_{5A}$ | $T_{5B}$ | $T_{5C}$ | $T_{6A}$ | $T_{6B}$ | $T_{6C}$ | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 3.2% | 0.0% | 0.0% | 0.7% | 0.0% | 0.7% | 2.7% | 5.7% | 1.4% | 1.1% |
| 2 | 0.7 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 3.5 | 1.8 | 0.0 | 4.5 |
| 3 | 8.4 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 5.4 | 7.3 | 3.1 | 4.1 |
| 4 | 9.4 | 0.0 | 0.6 | 0.9 | 0.0 | 0.0 | 6.6 | 5.5 | 1.8 | 1.2 |
| 5 | 5.4 | 0.0 | 4.9 | 1.1 | 0.0 | 0.9 | 1.8 | 2.3 | 4.1 | 12.0 |
| 6 | 1.8 | 0.0 | 0.9 | 0.7 | 0.8 | 0.8 | 1.4 | 1.2 | 1.7 | 2.3 |
| Aver. (N=6) | 4.8% | 0.0% | 1.1% | 0.6% | 0.1% | 0.4% | 3.5% | 3.9% | 2.0% | 4.2% |

| | $E_1$ | $E_3$ | $E_4$ | $E_{5A}$ | $E_{5B}$ | $E_{5C}$ | $E_{6A}$ | $E_{6B}$ | $E_{6C}$ | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 11.0% | 1.5% | 0.0% | 1.4% | 0.0% | 0.0% | 1.0% | 7.1% | 0.0% | 2.1% |
| 2 | 0.0 | 2.3 | 0.8 | 0.0 | 0.0 | 0.0 | 2.3 | 0.2 | 0.0 | 1.0 |
| 3 | 0.0 | 6.6 | 1.0 | 0.0 | 0.0 | 0.0 | 2.6 | 0.2 | 0.0 | 0.8 |
| 4 | 1.3 | 5.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | 0.8 | 0.6 | 4.7 |
| 5 | 0.9 | 0.7 | 0.0 | 0.8 | 0.0 | 0.0 | 1.0 | 0.8 | 0.9 | 0.0 |
| 6 | 0.0 | 0.0 | 0.0 | 0.9 | 0.0 | 0.0 | 1.2 | 2.6 | 1.7 | 4.9 |
| Aver. (N=6) | 2.2% | 2.8% | 0.3% | 0.5% | 0.0% | 0.0% | 1.4% | 1.9% | 0.5% | 2.2% |

| | $I_{1A}$ | $I_{1B}$ | $I_3$ | $I_{4B}$ | $I_5$ | Total | Diff. in N |
|---|---|---|---|---|---|---|---|
| Rel. #1 C/CH | 0.7% | 0.7% | 0.7% | 0.0% | 0.0% | 0.7% | 2.0 |
| 2 | 0.8 | 0.8 | 2.4 | 0.9 | 0.8 | 3.9 | 2.0 |
| 3 | 1.0 | 1.0 | 2.7 | 1.0 | 0.9 | 2.4 | 5.0 |
| 4 | 0.7 | 2.6 | 1.9 | 1.3 | 1.2 | 5.5 | 3.0 |
| 5 | 4.9 | 1.7 | 6.0 | 3.0 | 1.5 | 13.6 | 11.0 |
| 6 | 0.8 | 0.9 | 1.7 | 1.7 | 2.9 | 10.9 | 3.0 |
| Aver. (N=6) | 1.5% | 1.3% | 2.5% | 1.3% | 1.2% | 6.2% | |

CHAPTER 20

# CONCLUSIONS AND RECOMMENDATIONS

After two years of work with a natural FDC system, we know that this method of delivering developmental services to children and their families works. We also know that if we want to make it better certain supports are necessary.

We should not look through the window as we go by a FDC home and then condemn it. Open the door and see the people! Let us recognize the FDCMs for the services they offer and open our doors and listen the people who care for children because they like being with youngsters.

Let's face it! FDC does provide almost all of the out-of-home care for infants; FDC does provide care for pre-school and school-age children on schedules that meet parents' needs; FDC does provide a substitute for the extended family, the FDCMs giving counsel and friendship to parents who desperately need this contact with people who care about them and their children. FDC is here to stay!

The issue is not whether it is licensed or unlicensed; the issue is not whether it is custodial or developmental; the issue is not whether it is costly or cheap. From where we stand the issues, since FDC is a fact of life, are how we may best support it, improve it, value it so our children and their families can "make it" in this culture and society.

We have pinpointed several areas we feel need considerable support and much

more attention: support for the special-needs child, financial support for FDCMs, and an alternative to licensing. All of these problem areas will require money to develop solutions and answers. Special-needs children are being cared for by FDCMs, but they need help in techniques and ways of working with the children and their families. Institutions that have the expertise in the care of vulnerable children are now overwhelmed with requests for help and find it difficult to reach out to an individual FDCM who may care for a single child...but we are asking them to do this. More than that, we are asking them to listen to FDCMs and adapt the institution's style to that of the home environment. We are asking because our children are worth it.

A method must be developed that will enable FDCMs to receive monetary rewards (as well as the human rewards they now receive) commensurate with the services they perform. As we have stated elsewhere, we believe that a form of subsidy to parents, accompanied by a community education program on the ingredients of good child care, might be one method of delivering money to FDCMs who are doing an excellent job. We believe that it is the parents' responsibility to find and choose the kind of care they want for their child. Helping parents (who we believe want the best for their children) over the financial bind in which they find themselves, by providing "child-care stamps," would also help to upgrade standards and pay for FDCMs. It would give the parents real options to choose the kind of care they want...FDC, group care, or in-home care.

The licensing dilemna would be the least costly to solve. We believe that licensing machinery should be separated from Welfare. We believe that licensors should be responsible for seeing that a home is safe, and the FDCM is healthy and that this should be performed within the context of good child development practices. For example, a TB check could be required for each mother and having a heater vented is a must, but the tidiness of the home should not be of concern

to the licensor. Licensors should be given some stability in their work environment, and should not live from day to day wondering if they will remain on that job or another. They should be accountable to the people they serve, and therefore should have some status and recognition in their work.

We have great hope and some fear about the development of the FDCMs' self-help organization (WATCH). We are amazed and delighted with the progress that the FDCMS have shown in the growth of the organization. The intelligence, sensitivity, understanding, and humor will help a good deal in the stabilizing of the organization; but our fear stems from the fact that we know how much support and back-up is needed by any fledgling organization. We are committed to offer our support after the CFDC Project is no more...and then,time will tell.

In closing, we wish to emphasize again, the importance of timing and ongoing critical analysis. Whatever success we have had is due in large part to the fact that we had time to allow FDCMs, students, staff, and community to develop along their individual paths, which often ran together and eventually formed a visible, patterned road. The paths seemed unclear at times, but because we engaged in positive conflict and sometimes painful analysis of our direction, the way became clearer and brighter.

We knocked on the door of FDC and because it was opened we could see and meet the people. We felt a responsibility to take a thorough look through the structure because of our commitment to quality day care. We leave with a positive response.

We hope this report based on our experiences will encourage others to take a new look at FDC.

## APPENDIX A

### A DAY CARE MOTHER'S IMPRESSION AND EVALUATION

By Midge Cochran

To express my general impression as a day care mother of six months, I have chosen to evaluate it and compare it with 15 years experience as a nursery school teacher. The child with whom I worked is named Monica. Her mother is 23 years old and her father, a veteran of Vietnam, is 26 years old.

### The Parents

The family was referred to me by Monica's grandmother, at which time she informed me that the couple was having marital problems as well as inadequate day care for their child. In fact, the 18-month-old baby had come home with strap lashes on her back and legs.

My husband, Warren, our baby Jennifer (five months at the time), and myself met the family late on a Saturday afternoon. It was very informal and we all just talked in the front room. The told me of Monica's previous experience and the couple themselves looked exhausted. After a while I asked them to fill out my questionnaire and bring it back on Monday. At this time we decided on the best time arrangement and the fee. I felt very good about meeting the parents in this informal manner rather than standing in back of a counter taking down indormation. Also, we as a family, gave them our undivided attention. In nursery school settings too often the phone rings, a teacher needs some information or a child has a need, and the parent is just part of an unfamiliar situation.

My intent at the outset was to make the arrangements as informal as possible and as few rules as possible. I asked that the fee be paid at the beginning of the week, that Monica be picked up on time, and that her immunization be up to date. There was no threat involved, such as that she would not be allowed to come unless she had all her shots.

I do not know if my experience was peculiar just to this set of parents or not, however, if I were to do it again,it seems necessary to enforce certain regulations. The experience of the past six months was one of constant frustration with the parents who seemed to find it almost impossible to be the least bit responsible. Out of the first two-month period, I believe they were on time, morning or evening, only twice; and over the next four-month period, once. (I was aware that in a school they would have been fined or the child would have been discharged). When they did bring her in, she was usually wearing exactly what she had worn home the night before including diapers, and there was always food and dirt on her hands and face.

I realized this was the great advantage of home care. The baby needed her very basic needs fulfilled: three meals a day, bath, and naps, accompanied by a great deal of affection. I said nothing about her condition except sleep. I suggested that since she seemed so tired maybe they could try to put her to bed earlier. It took two-and-a-half months of this type of conversation, when one morning she came in on time, rested, and freshly dressed. I really commented on this and what a fine job the mother was doing. In fact, for Monica's mother, it was almost heroic.

The parents had such strong needs themselves that much had to be overlooked. With this in mind, I asked them over for dessert so we could talk about Monica's progress over the past three months. I knew the both loved sweets so I had cookies and candy. The candy was homemade butterscotch and chocolate rocky road. They both had a disagreement over the chocolate rocky road. The father gave in and the mother took the last piece. The tragic part was that it was so serious to them. In a school situation I do not believe you would see this side of the parent. They would be in a professional setting and would react to it. In a home, they act as they do in a home.

I changed the hours in the fifth month and raised the fee $3 a week. In this way it gave both the mother and the father an hour-and-a-half time span from work or school in which they could talk with their friends, shop, or have a drink, and be able to pick up Monica on time. After this decision, which they agreed to wholeheartedly, they were even later and sometimes is extended to almost two hours late.

In all attempts to help them in their responsibility, time change, getting Monica shoes, Monica staying all night so mother could do her laundry since she couldn't do it with Monica--the parents could not respond. The only good was that it relieved pressure on the parents, but resulted in my family and myself being put under unnecessary pressure.

In a nursery school, you lock the doors at night and walk away from the problem for a while. In the home, the entire day care family is involved and there is no walking away from the problem. A problem with the cared-for child and family can become a problem within the day care family. This takes evaluation and a good deal of thought through alternatives to come to some sound procedures for all involved.

## The Child

The first three mornings that Monica came to our home, I held her for 40 minutes and she ate breakfast on my lap. I had put my own baby down for an early morning nap, and my husband had left for work. Monica received undivided attention. No matter how ideal the situation is in a nursery, it is very difficult to give a child such complete undivided attention.

Monica had three meals a day with us to save the mother from hustle over breakfast and dinner. If she did not want cereal, it could easily be changed. This was not only a matter of proper nutrition but more especially a matter of emotional need. Meal time was not a pleasant experience for Monica, and we were working toward this as well as a balanced diet. Here again, it would be difficult to handle it with such satisfaction in a nursery setting.

Owing to Monica's low energy level, she took a nap immediately after breafast. Here again, this was essential for her and could not be done in the ordinary school. I am aware that these needs are those of a 19-month-old baby who would not be able to be enrolled in nursery school; however, I believe they are, too sadly, the characteristics needs of a good number of two, three, and four-year-olds who are enrolled in nurseries.

This matter of nap time brings into focus another very essential advantage in FDC, and that is flexibility. In my case, I had only two children and then, for two months, three children. I was able to adjust the daily routine to their most predominate needs of that day.

For the two-month period when a three-and-a-half year old boy was with us, who was Monica's cousin, it was necessary to leave the apartment daily and go to the park, or ride a bike on the sidewalk. To leave the area I did not have to spend 20 minutes getting an okay from a director, or check to see if someone else was using the sidewalk. The children did not have to wait while adults went through understandable red tape.

Because of the margin of time in a flexible setting, I have found that a negative discipline problem could be met with great satisfaction. The group is small and the child who needs help can be helped with greater attention in this setting, or easily removed from it. In the nursery school this can be done, but you usually could not take out 30 to 45 minutes unless the child posed a very serious problem--there isn't time for adequate everyday correction.

In FDC, I have realized that there are two other satisfying opportunities for children that would be almost impossible in the nursery school--baths and dinner. After lunch and before the afternoon nap, the children have a bath. Most of the time they bathe together. I have seen in this setting not only excellent water play but emotional therapy--the children relax. For Monica and her cousin this was absolutely essential. For my own baby, who was six or seven months old, it seemed her favorite time of day. When the children went down for their naps, they were comfortable and relaxed and disposed to rest. There was no need for coaxing.

I have experienced in several nursery school settings that nap time was one of the most difficult for the teacher. The children were over-tired and over-stimulated. They had watched and heard the clatter of cots being assembled and set in place. Teachers tried to speak softly but seldom were successful, and the children were repeatedly told to remove their shoes. Then the children were expected to lie down quietly and relax.

The other time of day that always seems most difficult in a nursery school is from 4:30 p.m. to 5:30 p.m. The children were tired, restless, and most were building up a good appetite for dinner. In most nurseries that I have seen, this was a group time. There was a sincere effort to give the children some entertaining group control such as one story or record for the group. By this time of day just about everyone--teacher and children--had experienced enough of the group. In different settings, teachers coped with it in different ways, and some were satisfactory.

In the FDC home, this time span can be the most affectionate and pleasing time of day. If a child wants to be alone it is possible. He can go into another room and build blocks. If a child is hungry, a small snack can be offered, such as carrot sticks or, in our circumstances, Monica had her dinner, and our baby had a snack. While we waited for Monica's parents and my husband, it gave us time for quiet activities on a one-to-one basis. Such activities were to lie on the floor and talk, read stories, rhythmic movements to soft music. The most important aspect was the fact that the children wanted to be away from the adult. Monica, our Jennifer, following, would go off to the bedroom. After about ten minutes, they came back to the front room. The point is, they have an alternative in a home.

The fact that Jennifer followed Monica was quite characteristic. A great affection grew between the two children and when Monica's cousin came, both girls just about idolized him. John himself sought affection and was quite affectionate with the girls. He was also quite bossy. Monica imitated his authority and Jennifer was being told what to do from morning till night.

Though only at times did it seem to annoy her, I felt the situation was not good for any of the three children. Monica, John, and I had a long talk about tiny babies and learning about yes and no. We got the problem verbalized and both children responded quite well.

Yet, I saw in this that Monica and John had play that they could share to a degree, and Jennifer was fascinated. Occasionally, she interrupted their play by crawling through built blocks, and this was extremely frustrating to John. Jennifer did learn to play with her blocks in her way, but most of the time she was most content to just watch after John corrected her.

I found this to be an advantage for Jennifer but a disadvantage to John and Monica. The day was planned then to have activities such as painting, pasting,

involved block play, done during Jennifer's long morning nap. Also, I had a friend bring over her children who were John and Monica's age. All three of my children benefited from this. I feel that cross-age groups are an advantage, but there is even greater advantage in sharing within one's own peer group.

There is also danger in cross age grouping. (When there was just Monica and Jennifer in our home, and Monica's parents began a permanent separation, Monica regressed drastically and part of this was her imitation of Jennifer. At that time, I did "baby" Monica and did not expect her age level of maturity. After approximately two weeks, the extreme imitation began to cease. At this time we went to see friends with older children and this seemed to stimulate Monica to more mature behavior. It was at this time that I questioned if Monica's older cousin had still been with us, would her regression have been so drastic?

From then on, it was necessary to verbalize what Monica was learning and what Jennifer had not learned as yet.

Also, to combat this regression it seemed necessary for Monica to discover strength and power within herself and to build up her self-esteem. During the past three months we had consistently suggested the potty, and wearing underpants, et cetera. At this point of her development, it seemed a big hurdle for her but if she could succeed in "letting go" within the anal area, it seemed she could let some of the infant in her let go also and begin growing up. It worked!

It took lots of time and consistent effort, however, she began to express more initiative than she had in the four-and-a-half months I had known her. She also, for the first time, enjoyed making an effort to undress and dress herself.

I just cannot in any way visualize how I could have assisted Monica to this degree in the context of the nursery school environment.

One aspect that could not have existed in an environment other than our home was the influence my husband had on Monica. She loved him very much and when he came home from work, he would greet her immediately. We were both aware of Jennifer's needs, but I held Jennifer when Warren held Monica and then we traded. He spent time just talking to her and she would reply with pride that she put on her socks, or had gone potty. I had made every effort during the day, but I think the time my husband spent with her not only reinforced her success but was a decided factor in her continually building initiative.

Yet, in looking at the "good" that was accomplished, both my husband and I questioned it--did we really fulfill her needs? I believe this is a basic but absolutely essential question that a day care mother must ask herself. I came up with some very negative replies when I looked at Monica's cognitive development. She would go down the highest slide in the park but would not put a puzzle together. We also worked at this but with very little success. I had wished at the time that there was someone who could come to observe her so when I presented the problem to the parents it could have been with greater clarity.

I see here a decided need for professional assistance for the day care mother and family. I think it was sheer luck that I did not completely fail our efforts along this line, and luck is an extremely dangerous norm of qualification.

This introduces my next question--What <u>am</u> I as a day care mother that I am <u>not</u> as a nursery school teacher? I can best evaluate that by looking at the other day care mothers. There is one predominate characteristic that each has that I have seen in very few nursery schools teachers--genuine warmth. I did not sense in any of them a professional aloofness that seems to penetrate every aspect of education. One of the most frightening statements I heard at an evening Project Meeting was, "I want to try to make it like a nursery school." If this would happen then I could see these women change and lose the valued quality that is extended to children. I look at myself and see that I failed with Monica when I became too much of the teacher.

A serious aspect to be considered is that day care mothers should be highly qualified, but how? It's a very discouraging thought that education may ruin some

very excellent day care mothers, and I believe this could happen if the education were not of very high and sound standard (not necessarily structured, by any means). I feel the education should begin within the woman herself. As a suggestion, encounter groups or sensitivity sessions. The opportunity to express her own feelings and the discovery of other persons' feelings would open her mind to the feelings and thoughts presented in theory. If there are some who feel their educational background is inadequate, I believe the suggested sessions would not only eliminate education as a threat but would allow the women to evaluate themselves as day care mothers and child development theory with greater clarity.

There is one other aspect of a day care mother that should seriously be considered and that is the number of working hours. Her day could easily extend to an 11-hour day involved in day care alone, discounting her own family responsibilities. There is no other teacher to let her have a coffee break. These women must have a great deal of stamina, but even the most hearty are bound to become exhausted. This fatigue is usually due to the constant physical or emotional demands of the average day. In this average day she will find it almost impossible to wash her face or comb her hair. It would seem that this could be an area where students could learn a great deal and relieve the mother of her duties for maybe and hour-and-a-half a day so she could be alone, read, or just sit quietly.

Home Environment

The day care mother's own home, whatever it be, should be evaluated from a point of view of accessibility for children. I have very strong feelings about children being raised in apartments and I have always considered it with dismay. So here I am, not only raising my own child in an apartment, but guiding other children as well. I will admit, frankly, that it's a challenge, but I will also admit just as frankly that it need not be a stifling experience, by any means.

The disadvantage in my situation was the lack of alternatives for the children. It was always indoor play until we all got together and all went outside. This rested on my decision as to the best time, and the children could not exercise their choice.

Also, equipment, though quite ordinary, is expensive. The lending library for equipment at the Project is excellent and maybe some finances could go into this to build it up.

Here is a decided advantage in the nursery school--space and equipment. Yet, when these two things are weighed against other valued factors of FDC, it is not that much of an advantage.

An attitude that I have sensed among the other women is that ground, flowers, grass, et cetera, seemed to be somewhat taken for granted. Here again, maybe through some discussion classes, the value of such an environment could grow in appreciation and this could be conveyed to the children. This could become one of the foremost activities.

If I were to try to put this all into one word, I would use the word awareness. First, the day care mother must be aware of her own person, and then in what way can that woman be productive. In her awareness she becomes increasingly aware of the children and each of their needs: physical, emotional, psychological, and intellectual. Through the children her awareness would grow and become more sensitive toward their parents, and their parents' needs. Finally, the day care mother must be aware of the setting and the physical environment she provides to stimulate awareness.

Personally, the past six months have strongly reinforced my conviction that parent education should be of foremost interest and it should begin at the moment of birth.

## APPENDIX B

### COST QUESTIONNAIRE

RENT

1. What do you pay?
2. Did you obtain a larger house than you would normally need because of child care?

UTILITIES

1. Water - (water play, water usage i.e. washing, baths)
2. Gas
3. Light
4. Telephone

FOOD

1. Breakfast
2. Lunch
3. Supper
4. Snacks
   a. Ice cream
   b. Extra baking
   c. Etc.

CLOTHES

1. Extra clothes to have on hand - shoes, slippers
2. Diapers and rubber pants

TRIPS

1. Car use - oil, wear & tear, gas
2. Car seats - beds, etc.

TOYS - INDOOR - SMALL

1. Wheel toys
2. Record player - records
3. Books
4. Crayons - paper, etc.
5. Games
6. Blocks
7. Etc.

EQUIPMENT - TOYS

1. Swing Set
2. Sand Box
3. Trikes
4. Hose - pool
5. Etc.

BABY FURNITURE

1. Beds - Bedding
2. Strollers
3. Infanseat
4. High Chair
5. Walker
6. Playpen
7. Table & Chairs

WEAR & TEAR - BREAKAGE

1. Plumbing
2. Replacement
3. Cleaning - cleaning supplies

INSURANCE

Accident, etc.

INCIDENTALS

1. Paper goods
2. Soap
3. Etc.

PLEASE ADD ANY OTHER COSTS WHICH YOU HAVE:

## APPENDIX C

# CONSTITUTION
# for
# WOMEN ATTENTIVE TO CHILDREN'S HAPPINESS

## Article I

### NAME

The name of this organization shall be WOMEN ATTENTIVE TO CHILDREN'S HAPPINESS (W A T C-H). This organization shall locate its principle office in the City of Pasadena, County of Los Angeles, State of California.

## Article II

### PURPOSE

The purposes of this organization are:

- to help in the rearing of happy, well-adjusted children, by providing a choice of environments
- to raise the image of family day care
- to establish close communication between the natural family and the day care family
- to promote education of the community and family day care personnel

## Article III

### MEMBERSHIP

Meetings will be open to all interested in family day care. Voting membership will be open to all who pay dues. Dues will be established by the voting membership. Voting membership privileges will include participation in: group purchasing, toy loan and library privileges at Pacific Oaks.

Charter members will be those who join by June 30, 1972.

## Article IV

### OFFICERS

The officers of this Association shall be a President, a Vice-President, a Secretary, a Corresponding Secretary and a Treasurer.

Officers shall be elected by secret ballot, from among the voting membership present, and nominees shall be voting members. The candidate for each office receiving the highest number of votes shall be declared elected.

The term of office shall be one year, and elections shall be held the first meeting in June.

The newly elected officers shall take office at the next meeting, following the meeting at which elections were held, and shall serve until their successors have been elected.

The duties of each officer shall be those associated with the title.

The regular officers, together with the immediate past President, or preceeding board officer, and two voting members appointed by the President, shall constitute the Executive Board.

The Executive Board shall have the power to transact such business as it deems advisable for the best interest of the organization.

The Executive Board shall be accountable to the total membership of the Association. A majority vote of the Executive Board shall be required on all business transacted by the Board.

## Article V

### MEETINGS

Regular meetings shall be held on the second Monday of each month, or at such other times as may be decided by a majority of the members at a regular meeting.

The Executive Board meetings shall be held the third Tuesday of each month.

The President shall have the power to call special meetings of the Association at his/her direction. He/she must call a special meeting if two members of the Executive Board request such a meeting in writing. All members are to be notified in advance of all special meetings.

## Article VI

### DUES AND EXPENDITURES

The regular dues for this Association shall be set in the bylaws. No special assessments may be made by this Association upon its members without a majority vote of the membership.

Dues shall be obtained from membership, payable in June.

## Article VII

This constitution may be amended at any regular meeting by a two-thirds vote of those present provided a copy of the proposed amendment was given to each member at the regular meeting preceeding the one in which the amendment is to be voted upon, and that notice of intention to vote on the amendment was given at that time.

This Association may adopt such bylaws as are necessary to carry out its purposes and functions. Bylaws may be adopted if a majority of the members vote for them in two successive meetings. Bylaws may be repealed by the adoption of a bylaw to that effect.

This constitution shall be declared ratified if two-thirds of the members present at a regular meeting vote in favor of ratification.

APPENDIX D

CENTER MEETING CASE STUDY

FOUNDED BY FRIENDS
PACIFIC OAKS COLLEGE
CHILDREN'S SCHOOL

714 W. CALIFORNIA BOULEVARD • PASADENA, CALIFORNIA 91105

COMMUNITY FAMILY DAY CARE PROJECT
728 NORTH LOS ROBLES
PASADENA, CALIF. 91104
(213) 793-9863

(213) 795-9161
(213) 681-4966

KEVIN

Kevin is an alert, intelligent, verbal four-year-old. Active and inquisitive, he wants to know how everything looks, feels, tastes and smells and works, as well as the "whys" of everything. He wants to see for himself so that at times he will push, grab, demand or fight. "I will, I will", "me, me" are his favorite cries and he finds it difficult to sit still although when pursuing an interest or listening to a story, he can become absorbed and attentive for a long time span. Rainy days are very difficult for Kevin. He will run through the house rough and tumble, shout and jump and he seems to set the other children off. When he is absent, things seem to go very smoothly and are under control. There is much less noise and fighting between the children, although they do miss Kevin. Creative play is his favorite "game" and he loves to direct the show. At times he goes so far as to bully or hit a child who will not play the way he thinks the game should be played. His "creative" use of household objects can sometimes lead to displeasure for the adult who does not view Kevin's use of the furniture or anything else in the house in just such a way. Rough and tumble as he is, Kevin can also be gentle, soft, touching and sweet. His moods seem to swing to extremes. His happiness can be as real and complete as his anger.

Kevin is an only child and has no children to play with in the area in which he lives. His parents both work. They disagree on the way that Kevin should be raised. The father feels that he should be rough and tumble with other children but should be well mannered with adults. The mother would like Kevin to be a "nice", affectionate boy who plays cooperatively with other children and cares about the adults around him.

Do you think that Kevin is a "bad" boy?
Would you care for such a child in your home?
What methods would you use to work with Kevin?

Please bring this description to your Thursday morning meeting as we will use this as a basis for our discussion.

APPENDIX E

LEARNING VIGNETTES

FOUNDED BY FRIENDS
PACIFIC OAKS
COLLEGE
CHILDREN'S SCHOOL

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The children were teasing each other today, so Mrs. Potter gathered them together to sit down and talk about the problem. Mark and Kathy were great at helping with the discussion. Mrs. P. asked such questions as:

| | | |
|---|---|---|
| Mrs. P. | : | "When we tease each other or call each other names, how do we feel?" |
| Mark | : | "It hurts my feelings." |
| Mrs. P. | : | "Do you get angry inside?" |
| M.&.K. | : | "Yes." |
| Mrs. P. | : | "Then what happens when you get angry? Do we hit sometimes?" |
| K. | : | "Yes." |
| Mrs. P. | : | "When we hit does it hurt?" |
| M. | : | "Yes, it hurts." |
| Mrs. P. | : | "What should we do instead of hitting?" |
| M. | : | "We should say the person's name... |
| K. | : | ...and talk about it." |

What kind of learning took place?

Jennie discovered the fountain at the park and amused herself by filling a cup of water and laboriously carrying it back to her mud pile. She had a marvelous time all by herself climbing on top of the fountain, filling her cup (which took some dexterity for a two year old), climbing carefully down to the first step, setting the cup on the step, climbing down the last step and picking up her cup. It was quite an achievement and she kept busy at this for a long time; I was glad I hadn't intervened for fear of her getting wet. ...On the way home Mrs. Lynn let the children play with the drippy fire hydrant and explained to them how the firemen use it.

What kind of learning took place?

While swinging, Tommy and Alice started a copy game. Sometimes it was words, but more often a sound of some sort. Then Alice started kicking her feet back and forth; so did Tommy. Before this they had not been able to swing independently

without assistance, although their feet were going a little fast to be effective. Alice jumped off the swing, went up to Mrs. Watson and started naming parts of her head: "ears, eyes, mouth, teeth" while Tommy watched carefully. Mrs. Watson says Tommy hardly talked before, but in the two weeks since Alice has been coming he's begun to say more words.

What kind of learning took place?

Cousin Elmer came and went up on the roof to clear the chimney--we all watched. Jim came and we greeted him. We watched him saw the pipe and the children watched him drill. We had cookies and milk, and I took the three older kids for a walk to watch men dig out the water pipes.

What kind of learning took place?

Darlene noticed my socks and asked how long they were. I pulled up my pants leg and showed her they were knee socks. She said, "Mine are longer than yours" then she pulled up her pants and pulled her socks above her knees. Everybody else pulled up his or her pants and we compared sock lengths.

What kind of learning took place?

Should you have further examples, please write them on the back of this letter, and bring to your Thursday morning meeting as we will use this as a basis for our discussion.

## APPENDIX F

### Field Faculty Cover Letter

Dear Family Day Care Mother,

We are beginning a new service. Each month three of you will be asked to serve as members of our field faculty to help new family day care mothers through some of the problems we have all encountered when we begin a new project. In addition, some of you who have been doing family day care for a long time may wish to get some new ideas or thoughts about your own programs.

Our three graduate students have interviewed the three women who will serve as field faculty for this month. They are Ms. Mann, Ms. Duffy and Ms. Perez. Enclosed you will find a brief description of the expertise of each of these family day care mothers. Each woman is unique and contributes much to the growing status of family day care.

If you have any questions, please call us--or better, call them. Your turn will be coming soon to be a member of the field faculty.

Fondly,

June Sale, Director
Community Family Day Care Project

### Sample Field Faculty Biographies

Ms. Mann:

--Has three boys in college and two grandchildren.

--"I love working with children--it's really a part of me."

--Has had 17 years of teaching experience; Beredan Seventh Day Adventist; presently kindergarten Division Leader of thirty-five-plus children. Has been an active member of 6th Avenue PTA for seven years and is an Honorary Life Member of same organization. Has community work experience, Red Cross, Community Chest and Heart Funds.

--Takes the older children on "outings" to Descanso Gardens, Sea World. "It's a treat for the mother."

--Believes that children could and should adjust to environment. A firm "No, no" or "Don't touch" is sufficient in keeping curious little hands from touching objects in her living room.

--Does finger plays, singing, reading books, walks, library visits to La Pintoresca Library, shopping, playground, and taking them to the "Story Hour" and bank are some of the things she provides for children in an active and sharing way.

--"I love working with the yard--I like to trim" (when she has the time and energy left). "The children have fun in the yard." The children plant in pots and then each child takes it home. Uses the outdoors as a learning and experiencing environment. The children gather and watch "lady bugs, insects and flowers" that live in her yard.

--"All of my parents are my friends." Counsels and advises parents when necessary. Has a sense of understanding for people.

--Prefers telephone calls when it's "convenient for her and other Family Day Care Mothers," but just to chat, between 2 p.m. and 3:30 p.m. and after 8 p.m. Emergencies--"I can talk anytime."

Ms. Duffy:

--Likes to plan activities for the children. "I like to give the children something special each day." Trips, such as the park, library, swimming pool, milk farm, arboretum and the zoo. I'm a good organizer!"

--Enjoys planning well balanced meals. "I give the children quality food." Ms. Duffy grinds her own flour and makes delicious bread!

--Handles discipline with calmness. "I don't get easily ruffled; if a child doesn't want to do a particular activity I don't force them." "I sit them in a chair until they calm down."

--Provides a variety of play equipment, a tree house, tire swing, clay, records, finger painting, bikes, sand box and lots of toys.

--Would be happy to have a visit from you any morning or afternoon from 11 a.m. on, except for Saturdays.

--May call her any afternoon or evening except Saturday.

Ms. Perez:

--Likes to be up on current affairs, including child development. (She could suggest lots of books on the subject.)

--Teaches for "self-discipline." "It is important that the child be made aware of the family day care mother's expectations."

--Encourages language development and learning experiences in shapes, colors, and sizes. (Such techniques as different colored cups and talking about the things they see when they go for a walk.)

--She is bilingual (English and Spanish).

--Individualizes experiences. "Each child is an individual and unique and should be helped to develop that individuality."

--Works closely with parents, "Because the day care mother takes the responsibility of bringing up the child."

--Likes to work with a wide age range. "And by five years of age, a child could profit from a school experience."

--Has support and resources from "Papa" Perez, her daughter-in-law, who is a teacher, and her son, a social worker. This makes for a "good communication system" which she calls her "Brain Trust."

--Enjoys cooking with a special interest in nutrition.

--Prefers telephone calls from 1:30 to 4 p.m. weekdays and would welcome visiting mothers into her home.

APPENDIX G

FIELD FACULTY QUESTIONNAIRE

FOUNDED BY FRIENDS
PACIFIC OAKS COLLEGE
CHILDREN'S SCHOOL

COMMUNITY FAMILY DAY CARE PROJECT
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(213) 681-4566

714 W. CALIFORNIA BOULEVARD • PASADENA, CALIFORNIA 91105

Enclosed you will find a $40 check that will reimburse you for the services you rendered as a member of the field faculty. We thank you. We would also like to know what you thought of this experience. Would you mind filling in some of the blanks on the questions that we have and sending this letter back to us in the enclosed envelope?

How many family day care mothers contacted you? _____

About how many phone calls did you receive? _____

How many personal contacts were made (where, either you visited or were visited by a family day care mother)? _____

What kinds of problems or questions were you asked to help to solve? _____
(Use the other side of the paper if necessary.)

Did you feel that your were able to be of help? _____

How? _____

Do you think that this service is of value? _____

How could it be improved? _____

Thank you for your help.

Sincerely,

June Sale
Director, Community Family Day Care Project

JS/rb

APPENDIX H

REFERRAL FORM

Referral No. _____

Date _____

NAME _____ Husband's _____
Last First Initial

Home Address _____ Home Phone _____ Other Phone _____
Street City

Work Address _____ Phone _____ Occupation _____

Child Care Needs: Children:

| Name | Age | Sex | School | Grade |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Location of Family Day Care home desired: 1st preference _____

2nd preference _____ 3rd preference _____

Day(s) care needed _____ Hours: _____ From _____ To _____

Do you have transportation: _____

Are you looking for something special in a Family Day Care home? _____

Comments? _____

_____

_____

Referrals given by: _____
Name

1. _____

2. _____

3. _____

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